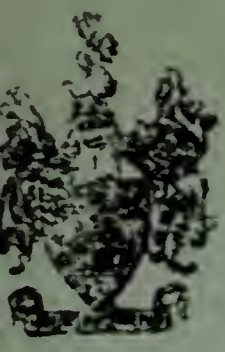


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REPORT
ON THE
LOCAL HEALTH
AND
WELFARE SERVICES
OF THE
COUNTY BOROUGH
OF
WALLASEY

1965

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COUNTY BOROUGH OF WALLASEY



ANNUAL REPORT

of the

Medical Officer of Health

and

Principal

School Medical Officer

FOR THE YEAR

1965

HOWARD W. HALL, M.B., Ch.B., D.P.H.,

*Medical Officer of Health, Administrative Tuberculosis Officer,
Principal School Medical Officer, etc.*

Including the Report of the

CHIEF PUBLIC HEALTH INSPECTOR

(A. RIDGWAY, M.A.P.H.I.).

E. SHAW & CO. LTD., 1a CHURCH ROAD, WALLASEY.

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specifically required by Ministry
of Health.

Public Health Department,

Town Hall,

Wallasey.

To: The Mayor, Aldermen and Councillors of the County Borough of Wallasey.

I have pleasure in presenting to you the Annual Report on the Health, Welfare and School Health Services of the borough for the year 1965.

The main event of the year was the Official Opening on 26th March by the Minister of Health, The Rt. Hon. Kenneth Robinson, M.P., of the Adult Training Centre at Moreton in the presence of His Worship the Mayor of Wallasey, Alderman Mrs. M. Lyons, J.P., M.R.S.H., S.C.M., and His Worship the Mayor of Birkenhead, Alderman J. H. Roberts, J.P. This fine new spacious Centre provides good facilities for training and sheltered employment for 100 subnormal and severely sub-normal young persons and adults from both County Boroughs.

Under the very able and enthusiastic direction of the Chief Training Officer, this Centre has already taken a leading place in the community health services of the district.

Vital Statistics

The birth rate for the year was 17.87 per 1,000 population as compared with a rate of 19.45 for 1964. The number of illegitimate live births was 148. This compares with the figure of 130 for 1964 and represents 8.03 per cent of the total live births.

It is pleasing to report a further slight reduction in the number of deaths in infants under one year—36 in 1965 compared with 40 in 1964, giving an infant mortality rate of 19.54 compared with 19.90 in 1964.

The causes of the 36 infant deaths are given in full on Page 27 of the report and they are as usual divided up into those occurring during the first week of life, early neo-natal deaths; those occurring between the seventh and twenty-eighth days, and finally those occurring in the 1-12 month period. It is pleasing to note an improvement in both the neo-natal and early neo-natal death rates 13.03 and 11.40 per 1,000 live births compared with the figures of 16.92 and 13.93 per 1,000 live births in 1964. Unfortunately, there was an increase in the number of infant deaths in the third group, otherwise the full infant mortality rate would have been a new low record for Wallasey.

There was a slight increase in the number of stillbirths, 35 compared with 31 in 1964, and these, when combined with the 21 infant deaths under one week, give a perinatal mortality rate of 29.83 compared with a rate of 28.91 for 1964.

The graph on page 15 shows a further upward swing in the number of deaths from lung cancer 81 (68 men; 13 women) in 1965 compared with 67 (52 men, 15 women) in 1964. This calls for renewed efforts to get over to the public in Wallasey, particularly all young people, the dangers of smoking to health.

Further progress has been made during the year towards obtaining clean air for the whole of the town. Details of this work can be found in Part V of the Report. For the second year in succession, there has been a reduction in the number of deaths from pneumonia (52) and bronchitis (60) compared with (77) — (70) respectively in 1964 and (91) — (83) in 1963. These better figures may be due to the clean air policy combined with two relatively mild winters and the absence of influenza in the district during the last two years.

Coronary artery disease was again the main cause of death, 322 compared with 288 in 1964. Much more attention in future will have to be given to trying to prevent the onset of this disease—possibly the answer is to be found in health education, restriction in diet in vulnerable sedentary workers, combined with suitable regular exercise.

There were 19 deaths from cancer of the womb, compared with 12 in 1964. It is hoped to start a clinic for taking cervical smears early in 1966.

Vaccination and Immunisation.

New tables have been introduced in this year's report to correspond with the returns made to the Ministry of Health. Although the 1965 figures of children protected against diphtheria, whooping cough, tetanus and poliomyelitis show an improvement on those for 1964, they are still below the national average. Every effort will be made by the staff and, I trust, by the general practitioners in the town, to improve the position.

Health Visiting.

Following receipt of Circular 12/65 a review of the duties of the health visitors was carried out and the results reported to the Health Committee. In view of the findings in the report and the fact that Wallasey was below the national average in the number of health visitors per 1,000 population in the Ministry of Health's 1964 Review of the Health and Welfare Services, the Committee decided to recommend that the establishment be increased, and this is to be effected in 1966 by the addition of an extra school nurse. A full report of the health visitor's work is given on page 37. Throughout the winter months, periodic staff meetings were held, some jointly with the Birkenhead staff, when the following topics were discussed and films shown: 1. Film on the examination of the newlyborn baby; 2. Film on Cervical Cytology. 3. Talk by a Salford Orthopaedic Surgeon with short film on the detection of congenital dislocation of the hip in newlyborn babies. Some of the meetings were also attended by district midwives, members of the Home Nursing Service and the medical staff.

District Nursing Service.

Miss E. Fairless, Superintendent, resigned in September. Wallasey are most grateful to her for building up our service to its present state of efficiency and wish her a long and happy retirement. Mrs. K. Elson, the Senior Nurse, was appointed to the post of Superintendent and her report can be found on page 40.

Circular 12/65 was considered but as the Wallasey service already employs one full-time and two part-time auxiliary nurses to act as bath attendants, no action was taken at present, though further appointments of enrolled nurses could be considered if there was difficulty in obtaining state registered nurses to fill further vacancies.

Domestic Help Service.

1965 was again a busy year for the service which was re-inforced in accordance with the Council's Ten Year Development Plan.

Care of Mothers and Young Children.

This year's report includes for the first time a short account of the work done by the Birkenhead and District Mothers' Welfare Clinic, who by arrangement with the Health Committee have the use of Hudson Road Clinic, Leasowe, on one evening a week. In addition to family planning, this clinic during the course of its work, took cervical smears for examination by the pathology department of the Victoria Central Hospital. We are grateful to them for providing this service.

Domiciliary Midwifery Service.

1965 showed a further move towards 100% hospital delivery. 90% of mothers in this area now have institutional confinements. The number of domiciliary confinements dropped to 207, and the number of early discharges increased to 908. Not all of these, however, were true early discharges at the end of 48 hours. Talks with the consultant obstetrician and the district midwives reached no positive conclusions, but further talks are taking place at present between representatives of the Hospital Management Committee and the Health Committee as to ways and means of regularising the 48 hour discharge cases by setting up a small unit within Highfield Maternity Hospital to which the domiciliary midwives may bring their cases for delivery under the care of their general practitioners. After the first 48 hours, provided there were no complications, and the home conditions were suitable, the case would be discharged home under the care of the midwife and general practitioner. Should the scheme be adopted, the mothers will get (i) the safety of a hospital delivery; (ii) the satisfaction of being cared for by her own doctor and midwife throughout the confinement, and subsequently for her lying-in period in her own home.

Mental Health Services.

Reference has already been made in this foreward to the Official Opening of the Adult Training Centre, Wallasey's first major project under the scheme made to implement the Community Mental Health Services in the 1959 Mental Health Act. Towards the end of the year,

our second project, a Mental Health Rehabilitation Hostel was nearing completion, and the Superintendent and the Assistant Matron were appointed. This is a new field and the hostel, when in operation, should help the Community Mental Health Services considerably in the after care of difficult psychiatric cases.

Environmental Health.

A full account of the work of this section is in Part V of the Report. Further progress in Slum Clearance and in the Clean Air programme is reported, but it is regretted that due largely to shortage of staff, the visits to food premises was only 2,154. A full account of the enforcement of the Offices, Shops and Railway Premises Act, 1963, is included.

Welfare Services.

Part VI of the Report deals with the Welfare Services. 1965 was a busy year. There is still a long waiting list for hostel accommodation. At the 31st March, 1965, the percentage of Wallasey residents aged 65 years and over was 13.9% compared with a national average of 12.2%. Although there is a larger elderly population in Wallasey than the national average, the number of persons in special housing for the elderly is less than the national figure, being in fact 2.9 per thousand of the population over 65 years old, as compared with the national average of 10.9. At the present time, special housing for the elderly in Wallasey is confined to the five properties catering for 41 people managed by the W.V.S., and there are under construction 23 units at Sandbrook Lane and Seacombe. There is, therefore, in my opinion, a strong case for increasing the amount of special housing accommodation provided for the elderly in the borough. It is only in this way that the numbers of elderly coming on to the waiting list for hostel accommodation can be reduced.

I would again like to take this opportunity of thanking all persons in the borough, who take part in voluntary work either as individuals or as members of one of the organised voluntary services such as The W.V.S., The Wallasey Old People's Voluntary Welfare Committee or The Wallasey Tuberculosis Care and Welfare Committee. Their services are much appreciated by the Health and Welfare Committees.

In conclusion, I should like to express my gratitude to the Chairman and members of the Health, General Health and Welfare Committees or their support and encouragement throughout the year. Thanks are also due to the Town Clerk, his staff and all other Chief Officials for their helpful advice and co-operation throughout the year, also to the members of my staff, who have always given me their full and loyal support.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

HOWARD W. HALL.

Medical Officer of Health.

PUBLIC HEALTH OFFICERS of the AUTHORITY

As at 31st December, 1965.

Medical Officer of Health and Principal School Medical Officer:

HOWARD W. HALL, M.B., Ch.B., D.P.H., F.R.S.H.

Town Hall, Wallasey. Telephone No. Wallasey 7070—Ext. 120.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

WILLIAM F. CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health and School Medical Officer:

EDWARD J. A. O'REILLY, M.B., Ch.B., B.A.O. (Obstetrics).

Assistant Medical Officer of Health, School Medical Officer and

Medical Supervisor of Midwives:

ESME I. GRANT, M.R.C.S., L.R.C.P.

Chest Physician (Part-Time):

JAMES BAXTER, M.B., Ch.B., D.P.H.

Principal Dental Officer:

W. J. MEAKIN, L.D.S., R.C.S.

Dental Officers:

W. A. HENDERSON, L.D.S.

E. G. MASON, L.D.S.

W. M. WYNNE, L.D.S.

Chief Public Health Inspector:

A. RIDGWAY, M.A.P.H.I.

Deputy Chief Public Health Inspector:

G. SHAW.

Senior Public Health Inspectors:

J. Q. CALLISTER, Housing.

W. GLADDEN, Smoke Control.

R. HUGHES, Offices, Shops and Railway Premises Act.

G. A. OWEN, Milk, Dairies and Meat Inspector, and Inspector
under Diseases of Animals Acts and Orders.

District Public Health Inspectors:

G. CARR

P. CAVANAGH

M. COPPACK

R. JONES

C. V. TAYLOR

G. K. GREAVES

B. D. JONES

Superintendent Health Visitor/School Nurse :
Mrs. K. SCHOFIELD, S.R.N., H.V. Cert., N.N.E.B.

Health Visitors/School Nurses (Whole-Time) :

Miss A. J. EDGE	Miss E. M. MORGAN
Miss C. E. MURRELL	Miss E. WHITBURN
Mrs. E. P. NOLAN	Mrs. L. M. JONES
Mrs. W. DOVEY	(Tuberculosis Visitor)
Miss M. E. ASPINALL	Mrs. M. KEANE
Miss K. E. HIGGINS	Miss P. REYNOLDS
Miss A. E. RADCLIFFE	Miss J. LITTLEMORE
Miss M. HUGHES	

Health Visitor/School Nurses (Part-Time) :

Mrs. B. MINISTER (Tuberculosis Visitor).
Mrs. M. E. GALLIMORE.

Municipal Midwives :

Mrs. E. E. HINTON	Mrs. P. SHACKLADY
Mrs. F. E. BOYD	Mrs. A. B. TIMEWELL
Miss E. WOODS	Miss I. K. PAISLEY
Mrs. L. F. BIRD.	

Chief Weights and Measures and Food and Drugs Inspector :

J. A. W. PRICE, Cert. Board of Trade.

Weights and Measures and Food and Drugs Inspector :

J. A. ISHERWOOD, Cert. Board of Trade.

Public Analyst (Part-Time) :

TENNYSON HARRIS.

Chief Administrative Assistant :

G. A. LOXHAM, D.P.A.

Administrative Assistant :

J. M. GIBSON.

Clerical Staff :

A. F. CARLESS	Miss M. L. JACKSON
(Senior Clerk)	Mrs. J. NICHOLSON
W. R. KIDD	Mrs. M. E. ROBERTS
A. H. EDWARDS	Mrs. B. WARD
M. POWELL	Miss D. W. SIMPSON
Miss G. BOOTH	Mrs. S. METCALFE
Miss M. BLENCOWE	Miss C. M. EVANS
Miss B. M. HERRIOT	Miss J. A. TYRER
Miss E. MASTERS	Mrs. E. M. NEWMAN
Mrs. G. DODD	

Matrons of Day Nurseries :

Miss E. GREENLY, Central Park Day Nursery.

Miss B. B. RIMMER, Oakdale Day Nursery.

Miss P. WARNER, Eastway Day Nursery.

Superintendent District Nursing Service :

Mrs. K. ELSON, S.R.N., N.D.N. Cert. (Queens Nurse).

District Nurses :

Miss B. JOY (Senior Nurse)

Miss M. GOVIER

Miss B. HUNTINGTON

Mrs. M. A. JOLLEY

Miss A. M. BENNETT

Miss D. E. MURPHY

Mrs. D. CROFT

Mrs. D. EVANS

Mrs. S. BATEMAN

Mrs. G. P. BLACKWELL

Miss S. E. OWEN

Mrs. I. A. MATTHEWS

Mrs. E. G. JOHNSON

Mrs. M. M. KING (Part-Time)

Mrs. K. MYLES

Miss P. SINNOTT

Mrs. M. BAXTER

Mrs. M. WOODS

Mrs. M. P. TRAVIS

(Enrolled Nurse)

Bath Attendants :

Mrs. D. ROBERTS

Mrs. E. HETHERINGTON

Mrs. I. C. MACLEOD

Domestic Help Organiser :

Mrs. G. M. FALLA.

Assistant Domestic Help Organiser :

Miss A. ELCOCK.

Chief Training Officer Adult Training Centre :

F. DAVIES.

Supervisor Junior Training Centre :

Miss I. P. D. MACDONALD

Senior Mental Welfare Officer :

F. WALL.

Mental Welfare Officers :

K. MERCER

D. EVANS

A. E. MAIRS

Miss D. THOMPSON

Mental Health Worker :

Miss M. V. PHILLIPS

Superintendent Chapel Hey Residential Mental Health Hostel :

J. D. EDWARDS, S.R.N., R.M.N.

WELFARE SERVICES

Senior Welfare Officer:

D. G. WHARTON

Welfare Officers:

F. WALL

K. MERCER

D. EVANS

A. E. MAIRS

Miss D. THOMPSON

Welfare Officer (Rehabilitation):

Miss N. G. TALBOT

Welfare Officer (Handicapped Persons):

Miss M. SHENNAN

Welfare Assistant:

Miss B. PARRY

Handicrafts Teacher (Handicapped Persons):

Mrs. C. W. GRIFFITH

Home Teachers of the Blind:

Miss I. BAILLIE

L. SMITH

Mrs. E. E. CLAYTON

Clerical Staff:

A. C. HINTON

D. FARQUHAR

Mrs. D. WOODCOCK

Miss P. M. PARRY

N. F. HARVEY

Matrons of Hostels for the Aged:

Miss M. ROBERTS, "Fernleigh"

Miss E. PARSONS, "Lamorna"

Miss H. VOWLES, "Redcliffe".

Mrs. A. L. GRIMES, "Newholme"

Miss W. M. FITZGERALD, "Manor Grange"

Mrs. P. A. STANTON, "Osborne House"

Warden — Reception Centre:

Mrs. E. KEEN

PART I

Vital Statistics, etc.

VITAL STATISTICS, Etc.

(a) As requested by the Ministry of Health, in accordance with Circular 1/65:—

		1964	1965
Live Births—Males	... ..	1,032	975
Females	... ..	978	867
		<hr/>	<hr/>
		2,010	1,842
		<hr/>	<hr/>
Live birth rate per 1,000 population	...	19.45	17.87
Illegitimate live births per cent of total			
live births		6.47	8.03
Still births—Males	... ..	17	17
Females	... ..	14	18
		<hr/>	<hr/>
		31	35
		<hr/>	<hr/>
Still Birth			
Rate per 1,000 total live and still births	...	15.19	18.65
Total live and still births	... ..	2,041	1,877
Infant deaths (deaths under one year)			
Males	... ..	22	18
Females	... ..	18	18
		<hr/>	<hr/>
		40	36
		<hr/>	<hr/>
Infant Mortality Rates—			
Total infant deaths per 1,000 total live			
births		19.90	19.54
Legitimate infant deaths per 1,000			
legitimate live births		19.68	17.71
Illegitimate infant deaths per 1,000			
illegitimate live births		23.08	40.54
Neo-natal Mortality Rate			
(deaths under 4 weeks per 1,000 total			
live births)		16.92	13.03
Early Neo-natal Mortality Rate			
(deaths under one week per 1,000			
total live births)		13.93	11.40
Perinatal Mortality Rate (Still births and			
deaths under one week combined per			
1,000 total live and still births)	...	28.91	29.83
Maternal Mortality (including abortion)—			
Number of deaths	... ..	Nil	Nil
Rate per 1,000 total live and still births		0.00	0.00

	1964	1965
(b) Other details:—		
Census population (April, 1961)	103,213	103,213
Registrar General's estimated population at mid-year	103,320	103,090
Deaths to 31st December		
Males	634	642
Females	686	658
	<hr/> 1,320 <hr/>	<hr/> 1,300 <hr/>
Death rate (unadjusted) per 1,000 of estimated population	12.78	12.61
Death rate per 1,000 of estimated population adjusted by area comparability factor of 1.03 (1965)	12.90	12.23
Death rate per 1,000 of estimated population—England and Wales	*11.3	11.5
Birth rate per 1,000 of estimated population—England and Wales	*18.4	18.0
* Provisional		
Phthisis death rate per 1,000 of population	0.068	0.029
Area in acres as ascertained by Ordnance Survey, January, 1935	5,961	5,961
River and sea frontage	Slightly less than 8 miles	
Inhabited houses at 31st December ...	31,695	31,985
Uninhabited houses at 31st December ...	665	681
Rateable value of the borough as at 31st December	£3,570,259	£3,638,836
Yield of 1d. rate	£14,100	£14,320

PRINCIPAL CAUSES OF DEATH

Heart Disease	424	447
Cancer	276	274
Respiratory Diseases—		
Pneumonia	77)	52)
Bronchitis	70)	60)
Other	8)	11)
Vascular lesions of nervous system	195	206
Violent Deaths (including suicides)	40	25

MATERNAL MORTALITY

There were no maternal deaths of Wallasey residents during 1965.

SUMMARY OF DEATHS DURING THE YEAR 1965

CAUSES OF DEATH	SEXES		All Ages	DEATHS IN WHOLE DISTRICT									
	M.	F.		Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS							
						1-	5-	15-	25-	35-	45-	55-	65-
Tuberculosis— respiratory	1	2	3	—	—	—	—	—	—	1	—	1	1
Tuberculosis—other ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	1	—	1	—	—	1	—	—	—	—	—	—	—
Acute polio-myelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	1	1	2	—	—	—	1	—	—	—	—	1	—
Malignant neoplasm— stomach	19	9	28	—	—	—	—	—	—	—	1	6	13
Malignant neoplasm— lung, bronchus ..	68	13	81	—	—	—	—	—	—	—	12	34	23
Malignant neoplasm— breast	—	27	27	—	—	—	—	—	1	2	2	5	7
Malignant neoplasm— uterus	—	19	19	—	—	—	—	—	—	4	—	5	7
Other malignant and lymphatic neoplasms	56	61	117	—	—	1	1	3	1	2	8	19	40
Leukaemia, Aleukaemia	—	2	2	—	—	—	—	—	—	1	—	—	—
Diabetes	6	8	14	—	—	—	—	—	—	1	—	2	1
Vascular lesions of nervous system ..	76	130	206	—	—	—	—	—	—	2	2	22	59
Coronary disease angina	188	134	322	—	—	—	—	—	1	3	25	56	104
Hypertension with heart disease ..	3	10	13	—	—	—	—	—	—	—	2	1	5
Other heart disease ..	39	73	112	—	—	—	—	—	1	2	2	12	21
Other circulatory dis- ease	26	26	52	—	—	—	—	1	—	—	2	5	10
Influenza													
Pneumonia	24	28	52	2	5	1	—	1	—	—	2	2	11
Bronchitis	40	20	60	—	—	—	—	—	—	1	2	13	27
Other diseases of respiratory system ..	8	3	11	—	—	—	—	—	—	—	2	—	2
Ulcer of stomach and duodenum	4	1	5	—	—	—	—	—	—	1	—	—	2
Gastritis, Enteritis and diarrhoea	4	5	9	—	1	1	—	—	1	1	1	2	1
Nephritis and Nephroses	3	4	7	—	—	—	1	1	—	—	—	1	—
Hyperplasia of prostate	3	—	3	—	—	—	—	—	—	—	—	—	—
Pregnancy, childbirth abortion	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malforma- tions	4	6	10	4	4	—	1	—	—	—	—	1	—
Other defined and ill- defined diseases ..	52	67	119	18	2	2	1	2	1	4	4	16	21
Motor vehicle accidents	4	2	6	—	—	1	—	—	2	—	—	1	1
All other accidents ..	4	4	8	—	—	—	1	2	—	—	—	2	2
Suicide	8	2	10	—	—	—	—	2	—	3	1	1	1
Homicide and opera- tions of war	—	1	1	—	—	—	—	—	—	—	—	1	—
ALL CAUSES ..	642	658	1300	24	12	7	6	12	8	28	68	209	359

DEATHS IN WALLASEY DUE TO MALIGNANT NEO-PLASM LUNG & BRONCHUS

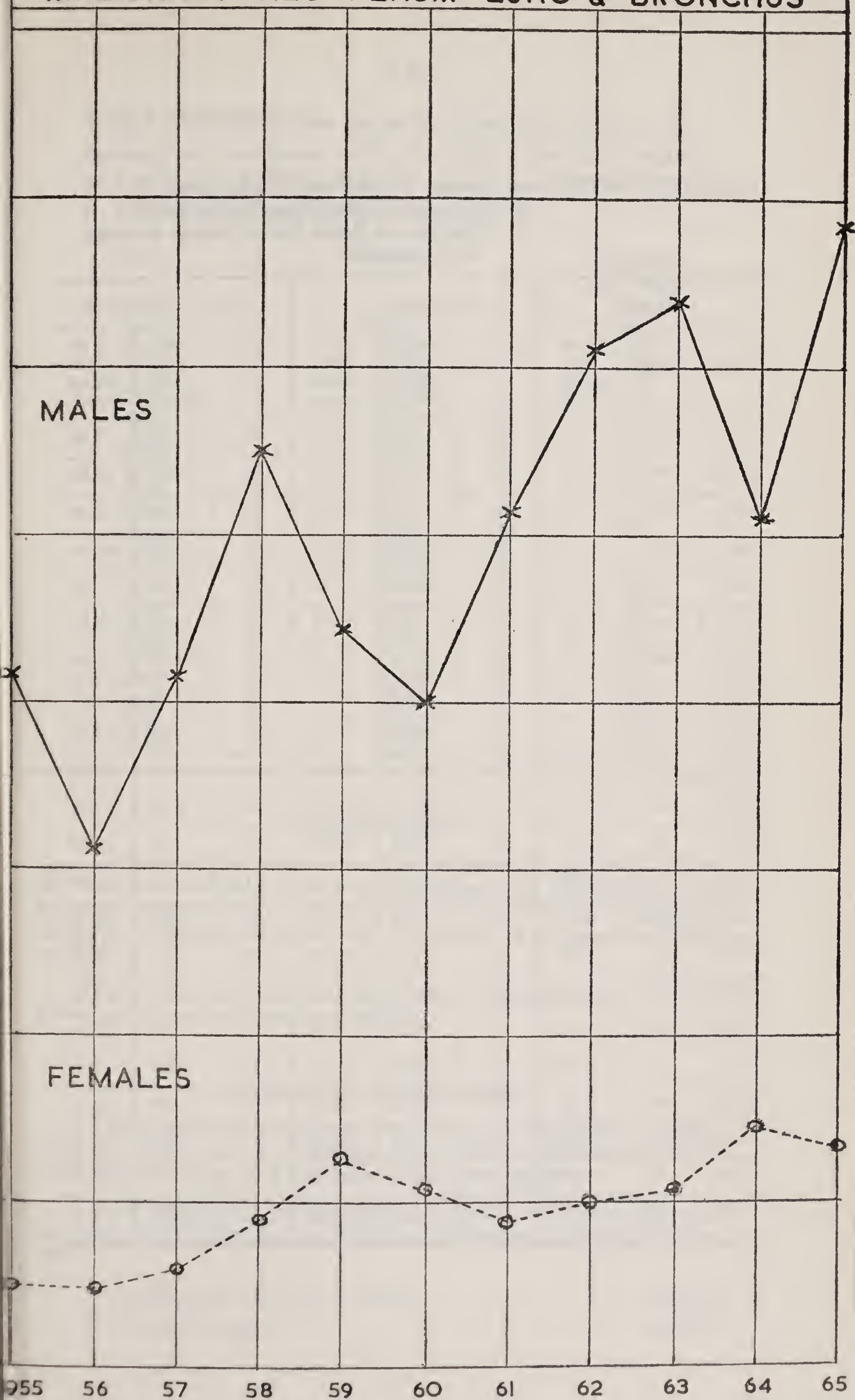


TABLE SHOWING (a) Infant Deaths and Death Rates.
 (b) Neo-natal deaths and Death Rates.
 (c) Deaths and Death Rates (infants 4 weeks to 12 months).

Year	Infants		Neo-natal			4 weeks—12 months		
	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	% of Total Infant Deaths	Deaths	Rate per 1,000 Births	% of Total Infant Deaths
1944	77	43.0	34	19.0	44.16	43	24.0	55.84
1945	97	56.8	38	22.3	39.18	59	34.57	60.82
1946	87	42.2	51	24.7	58.62	36	17.48	41.38
1947	111	51.1	57	26.9	51.35	54	25.09	48.65
1948	78	43.5	38	20.67	48.72	40	22.35	51.28
1949	64	35.8	34	19.0	53.13	30	16.82	46.87
1950	49	28.7	28	16.41	57.14	21	12.31	42.86
1951	55	32.4	35	20.62	63.63	20	11.19	36.37
1952	56	33.3	43	25.62	76.78	13	7.75	23.22
1953	41	24.7	29	17.51	70.74	12	7.25	29.26
1954	43	25.1	29	16.94	67.44	14	8.12	32.56
1955	41	25.4	29	17.96	70.74	12	7.44	29.26
1956	42	24.07	31	17.77	73.81	11	6.30	26.19
1957	48	26.10	33	17.94	68.75	15	8.16	31.25
1958	44	24.69	32	17.96	72.73	12	6.73	27.27
1959	48	26.06	37	20.09	77.08	11	5.97	22.92
1960	45	24.32	29	15.68	64.44	16	8.64	35.56
1961	36	19.38	24	12.92	66.67	12	6.46	33.33
1962	61	31.25	42	21.52	68.85	19	9.73	31.15
1963	48	24.60	41	21.01	85.42	7	3.59	14.58
1964	40	19.90	34	16.92	85.00	6	2.99	15.00
1965	36	19.54	24	13.03	66.67	12	6.51	33.33

TABLE SHOWING the Infantile Mortality rates of the Borough as compared with the figure for the whole of England and Wales for the census years from 1901 to 1951 and consecutive years to 1965.

<i>Year</i>	<i>Wallasey</i>	<i>England and Wales</i>
1901	142.0	151
1911	109.0	130
1921	59.0	83
1931	44.8	66
1941	78.9	60
1951	32.4	29
1952	33.3	27
1953	24.7	27
1954	25.1	25
1955	25.4	25
1956	24.07	24
1957	26.10	23
1958	24.69	23
1959	26.06	22
1960	24.32	22
1961	19.38	22
1962	31.25	22
1963	24.60	21
1964	19.90	20
1965	19.54	19

ILLEGITIMACY

During the year there were 148 illegitimate live births (82 Male : 66 Female) recorded by the Registrar-General as belonging to the Borough, compared with 130 in 1964. This gives an illegitimate birthrate of 80.3 per thousand total live births, as compared with 64.7 in 1964.

There were six deaths of illegitimate children during the year. There were two illegitimate still births.

ECONOMIC CONDITIONS

The number of unemployed persons in the borough in January, 1965, was 1,351, and in December it was 939, compared with 1,818 and 1,292 in January and December, 1964, respectively.

The following amounts were expended, on Unemployment Insurance Benefit, etc., by the Wallasey Employment Exchange during 1965.

Unemployment Insurance Benefit	...	...	...	£150,500
National Assistance	...	...	...	£89,500

PART II

—:o:—

Occurrence and Control of Infectious Diseases

CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED IN WALLASEY DURING 1965

NOTIFIABLE DISEASES	Tot'ls	Cases notified at ages										
		under 1	1	2	3	4	5-9	10-14	15-24	25-44	45-64	65 & over
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	11	1	1	—	—	—	1	1	3	2	—	2
Dysentery	49	2	4	1	7	2	11	2	6	4	5	5
Diphtheria (including Membranous Croup)	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	4	—	—	—	—	—	—	—	—	—	2	2
Scarlet Fever	94	—	3	11	15	10	49	4	2	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	26	—	—	—	—	—	—	—	19	7	—	—
Meningococcal Infection	5	—	3	1	—	—	—	—	—	—	1	—
Poliomyelitis (Paralytic)	1	—	—	—	—	1	—	—	—	—	—	—
Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	7	—	—	1	—	—	—	—	1	1	1	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	22	—	1	—	—	—	—	1	6	3	8	3
Other forms of Tuber- culosis	7	—	—	—	—	—	—	—	—	6	—	1
Measles	853	42	117	148	129	115	294	6	2	—	—	—
Whooping Cough	77	11	10	12	12	11	19	2	—	—	—	—
Encephalitis Lethargica	1	—	—	—	—	—	—	—	—	1	—	—
Post Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Acute Infective Encephalitis	1	—	—	—	—	—	—	1	—	—	—	—
Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1158	56	139	174	163	139	374	17	39	24	17	16

INFECTIOUS DISEASES

INVESTIGATIONS AND VISITS OF SURVEILLANCE

During the year a total of 1,192 visits were made by the health visitors and public health inspectors to infectious cases and contacts as follows:—

	Enquiry Visits	Visits of Surveillance	Total Visits
Health Visitors	940	140	1080
Public Health Inspectors	18	94	112
	958	234	1192

A total of 485 specimens were submitted to the Public Health Laboratory in connection with the investigation of cases of food poisoning and dysentery.

Diphtheria

No cases of diphtheria were notified during the year. In fact, there have been no cases of diphtheria in Wallasey during the last ten years, i.e., 1956-1965. This is, of course, highly satisfactory. Unfortunately, there is the danger of being drawn into a false sense of security. The percentage of school children who are adequately protected against this disease is falling. Parents are tending to become complacent about the need for immunisation. It must, therefore, be re-emphasised to parents that only through immunisation will the present very satisfactory position be maintained.

Scarlet Fever

94 cases of scarlet fever were notified during 1965 compared with 85 cases in 1964 and 28 in 1963. There were no deaths.

This infectious disease is of a very mild type compared, with that of twenty or thirty years ago, so much so that many doctors in the borough do not notify cases. Notification is, however, important when a food handler is concerned.

Puerperal Pyrexia

There were 26 notifications of puerperal pyrexia during the year, none of which proved fatal.

Ophthalmia Neonatorum

There were no cases of ophthalmia neonatorum notified during the year.

Whooping Cough

77 cases were notified during the year. Of these, 29 had received a full course of immunisation against whooping cough. No case was fatal. During 1965 1,547 children were immunised.

Measles

There were 853 cases of measles notified during 1965 compared with 605 in 1964. The disease was a mild type with few complications. There were no deaths.

Health visitors do not visit homes where it is known that the standard of care is satisfactory.

Poliomyelitis

There was one case of Poliomyelitis during the year, a boy 4½ years old. The case was first diagnosed as glandular fever but this was corrected when the boy developed paralysis of both legs and the left arm. Poliomyelitis Virus Type 1 was isolated from the stools. The boy had received two doses of Salk vaccine in February and March, 1962, but failed to return for his third injection. There were no secondary cases in the family. Contacts were not given oral poliomyelitis vaccine as the case was not notified until the virus laboratory report was received. When last visited it was confidently expected that there would be no residual paralysis.

Meningococcal Infections

There were two cases of meningococcal septicaemia — one in a man of 63 who made a good recovery after treatment in Fazakerley Hospital, the other in a boy of seventeen months who died in hospital.

There were, in addition, three cases of meningococcal meningitis — two in girls aged 1 year and one in a boy of 2½ years. All were treated successfully in hospital and were left with no sequelae.

Smallpox

No case of smallpox occurred during the year.

Typhoid/Paratyphoid Fever

There were no cases of typhoid or paratyphoid fever.

Food Poisoning

There were eleven cases of food poisoning notified during 1965.

Dysentery

There were 49 confirmed cases of sonne dysentery during the year. Visits of surveillance were made by health visitors and public health inspectors, and specimens were submitted to the Public Health Laboratory for bacteriological examination. All cases were kept under surveillance until three consecutive specimens were found to be free from pathogenic organisms.

Encephalitis

There were two cases of encephalitis notified during the year. A man aged 39 years, whose occupation was a laboratory technician, who had been ill for seventeen years but who died suddenly. The cause of death was certified by the Borough Coroner after post mortem as Encephalitis.

The second case was in a boy of 13 years who lived in Wallasey and attended a school in Liverpool. Unfortunately the child died shortly after admission to hospital. Post mortem revealed typical histological findings in the brain suggestive of an acute infective encephalitis. The Liverpool City Health Department were informed of this case, but there had been no similar type of illness at the boy's school.

PART III

Services provided under Part III of The National Health Service Act, 1946

Section 21—Health Centres.

„ 22—Care of Mothers and Young Children.

„ 23—Midwifery Services.

„ 24—Health Visiting.

„ 25—Home Nursing.

„ 26—Vaccination and Immunisation.

„ 27—Ambulance Service.

„ 28—Prevention of Illness—Care and After-Care.

„ 29—Domestic Help Service.

„ 28 and 51—Mental Health Services.

Services provided under Part III of The National Health Service Act, 1946

SECTION 21 — HEALTH CENTRES

No Health Centres have been constructed, or are in course of construction in Wallasey.

SECTION 22 — CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CLINICS—These clinics are held as follows:—

Monday evenings at Merton Road Clinic 6 p.m. to 7 p.m.

Tuesday evenings Water Street Clinic 6 p.m. to 7 p.m.

Thursday evenings Moreton Clinic 6 p.m. to 7 p.m.

Tuesday evenings Leasowe Clinic 5-30 p.m. to 7 p.m.

The following are details of attendances during 1965:—

	<i>Sessions held</i>	<i>Expectant Mothers attending</i>	<i>No. of attendances</i>
Water Street	50	125	445
Merton Road	47	115	436
Oakenholt Rd., Moreton ...	51	55	226
Hudson Road, Leasowe ...	51	46	175
	<hr/> 199 <hr/>	<hr/> 341 <hr/>	<hr/> 1282 <hr/>

In accordance with the national trend, there are now no ante-natal clinics in Wallasey which are staffed by the Assistant Medical Officer of Health, but instead, the midwives clinics are firmly established and attendances are good, although, of course, as there are fewer domiciliary confinements, there are fewer expectant mothers to attend these clinics. Nevertheless, the midwives held 199 clinics, at which 340 expectant mothers made 1,337 attendances, an average of four attendances per patient.

Relaxation classes are available to all those expectant mothers who wish to avail themselves of them, and a health visitor attends each clinic to give lectures and hold informal discussions on Health Education and Mothercraft.

The value of health education in ante-natal care must not be under-estimated — it is of paramount importance that the expectant mother should realise the significance of a well-balanced diet, a high standard of hygiene and adequate rest. We are concerned that as the majority of primipara have their babies in hospital and do not attend

the Local Authority's Clinics for their ante-natal care, this education in Parent and Mothercraft is denied to them, but we have recently asked for, and obtained, permission from the general practitioner, to invite these patients to attend such talks and discussions, and we hope that many young mothers-to-be will avail themselves of this opportunity.

Three general practitioners in Wallasey have made application for, and been granted, the services of a health visitor to help them at their mothers' and babies' clinics, and these three doctors seem to be well pleased with the assistance given; the health visitor, too, enjoys the clinical work she does there, and it certainly makes for closer co-operation and a happier relationship between the general practitioner service and the Public Health Department.

Post-Natal Examination

The health visitors and midwives encourage and stress the importance of mothers attending for post-natal examination by their own doctors.

Care of Premature Babies

A premature infant is one weighing $5\frac{1}{2}$ lbs. or less at birth, and the table below gives details of the premature births during the year:

Weight at birth	Premature Live Births													
	Total Births	Born in hospital			Born at home or in nursing home								Still-Births Premature	
					Nursed entirely at home or in nursing home				Transferred to hospital on or before 28th day					
		Died			Total Births	Died			Total Births	Died				Born
		Within 24 hrs of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hrs of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hrs of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in nursing home
3 lb. 4 oz. or less (1,500 gms. or less)	13	7	3	—	—	—	—	—	—	—	—	—	9	2
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500–2,000 gms.)	14	1	—	—	—	—	—	1	—	—	—	—	6	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000–2,250 gms.)	18	—	1	—	—	—	—	—	—	—	—	—	3	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250–2,500 gms.)	57	—	—	—	4	—	—	—	—	—	—	—	3	—
TOTALS ..	102	8	4	—	4	—	—	—	1	—	—	—	21	2

In every case of premature birth occurring at home there is close liaison between the midwifery and health visiting staff to ensure that the baby receives correct care and attention. Special equipment is available, and can be provided free on loan from the Health Department, if necessary.

Whenever it is considered desirable, however, premature babies are admitted by ambulance to the well equipped Premature Baby Unit at St. Catherine's Hospital, Birkenhead.

The maternity hospitals notify the department of premature births by telephone so that there is no delay between the date of discharge and the health visitor's first call.

Full details are given by the hospitals of the child's general condition and methods of feeding, etc., so that special attention can be given to these cases by the domiciliary midwifery and health visiting staffs.

The Public Health Department has scales which can be had on loan for weighing premature babies in the homes. No charge is made. 27 parents took advantage of this service during the year.

The Health Visitors made 23 attendances to the Saturday morning sessions of Dr. Hemes premature baby clinic at Highfield during the year.

Stillbirths and Neo-Natal Deaths

There were 35 stillbirths during the year certified by:—

(a) Doctors 33 (b) Midwives 2

Autopsies were held on 11 of the 35 stillbirths.

Causes of Stillbirths

Placental Insufficiency	7
Abruptio Placenta	1
Hydrocephalus and Spina Bifida	2
Hydrops foetalis — Rhesus incompatibility	2
Prematurity — Anencephalus	5
Foetal Anoxia	2
Intra-uterine Anoxia—Breech presentation and prolapsed cord	2
Atelectasis Prematurity Birth injuries (abnormal presentation)	1
Intra-uterine Asphyxia (accidental haemorrhage)	1
Foetal Asphyxia	3
Asphyxia — Breech delivery and dystocia	1
Macerated foetus	2
Placental deficiency—Pre-eclamptic toxæmia and hypertension	3
Foetal Asphyxia Retroplacental Clot (Maternal Toxaemia)	1
Macerated foetus—Prematurity with twin pregnancy	1
Prematurity	1

Infant Deaths

Total deaths under twelve months	36
Neo-natal deaths (deaths under 28 days)	24
Early neo-natal deaths (deaths under 7 days):—	
Age in days (24 hours — 7 days)	6)
Age in hours (1 hour — 24 hours)	9) 21
Age in minutes (less than 60 minutes)	6)
Other infant deaths (1 month — 12 months)	12

Causes of early neo-natal deaths (under 7 days)

Anencephaly	1
Prematurity	4
Circulatory failure—congenital diaphragmatic hernia	1
Prematurity—maternal toxæmia of pregnancy—Atelectasis	1
Heart failure—congenital malformation of heart	1
Atelectasis—bilateral adrenal hæmorrhage	1
Intracranial hæmorrhage—prematurity	2
Atelectasis—prematurity	2
Prematurity—bronchopneumonia	1
Erythroblastosis foetalis	2
Asphyxia — inhalation of meconium — placental insufficiency — post maturity and spina bifida	1
Inhalation of stomach contents — gross renal and cardiac congenital malformations	1
Atelectasis	1
Atelectasis — uræmia — hæmorrhagic disease of kidneys	1
Atelectasis — asphyxia — inhalation of meconium	1
	<hr/>
	21
	<hr/>

Causes of deaths (7 days — 28 days)

Bronchopneumonia	1
Post operative bronchopneumonia — insertion of Spitz Holter valve — hydrocephalus and myelomeningocele	1
Respiratory distress syndrome — prematurity	1
	<hr/>
	3
	<hr/>

Causes of other infant deaths (1 month — 12 months)

Bronchopneumonia	4
Circulatory failure — chronic atelectasis	1
Bronchopneumonia micrognathia — mental retardation	1
Cardiac failure — congenital mitral stenosis	1
Gastro-enteritis	1
Acute interstitial pneumonia	1
Heart failure — congenital cardiac defect — trisomy (17-18) syndrome	1
Bronchopneumonia due to prolonged congenital atelectasis	1
Pneumonia — staphylococcal endocarditis — infection of repaired myelomeningocele — insertion of Spitz valve for hydrocephalus and Arnold-Chiari deformity	1
	<hr/> 12 <hr/>

INCIDENCE OF CONGENITAL MALFORMATIONS

In accordance with the request of the Ministry of Health, the details of all congenital malformations apparent at birth were notified to the Registrar-General. A total of 55 such notifications were made, an increase of 8 cases compared with 1964.

CHILD WELFARE CLINICS

Dr. W. F. Christian, Deputy Medical Officer of Health, reports as follows:—

These clinics continue to provide an essential service to the mothers of the town—a service which they appreciate, especially when their offspring are below the age of one year. After that age has been attained, mothers in general do not consult the health visitors or doctors at the clinics so often as, no doubt, they feel competent to deal with most of the problems that arise. However, conditions requiring correction do develop, which are not apparent to the mother and which require correction, during these pre-school years—hence the need to invite mothers to bring their children for examination periodically until they attain the age of five years.

The main work of these clinics can be listed as follows:—

(a) To give advice on the rearing of children—ranging from the early problems of infant feeding to the emotional problems of the toddler.

(b) To medically examine babies at their first attendance and as necessary subsequently, including testing the urine for phenylketonuria.

(c) To examine children brought by their parents with specific complaints and advise on their treatment.

(d) To educate parents on all matters pertaining to health, hygiene and diet.

(e) To immunise babies against diphtheria, whooping cough, tetanus and poliomyelitis.

In this work the medical officers and health visitors work as a team, their aim being to inculcate hygienic methods of food preparation, advise on infant feeding and pay follow-up visits to the homes of children seen at the clinic to see whether the mothers are coping adequately.

For some time now the health visitors have been trained in the technique of testing pre-school children for deafness. As this is a time consuming procedure requiring two health visitors, the testing has to be on a selective basis and is limited to cases where the parents suspect deafness or where the family history, obstetric history, duration of pregnancy and other factors suggest that the child may have an above average risk of deafness. When deafness is detected at an early age, more can be done for the child to mitigate this handicap by the provision of hearing aids and speech training.

There has been a falling off in attendances at Child Welfare Clinics during the latter half of the year, but it is too early to be sure of the exact cause or causes for this decline.

Toddlers clinics continue to be held regularly. At these clinics parents are given appointments to attend with their toddlers for a medical examination at 2 years, 3 years and 4 years. By keeping the toddlers under regular supervision, defects of speech, vision, hearing and so on are brought to light at a comparatively early stage when remedial treatment is more likely to be effective.

We are very grateful to the voluntary helpers who come along in all weathers to assist the staff in running these clinics, their services are greatly appreciated. Indeed, without their willing assistance, the clinic sessions would be very hectic.

The clinics, at which a doctor attends on each occasion, are as follows:—

Health Clinic, Water Street, Wallasey, Tuesdays, 2 p.m. to 4-30 p.m.

Health Clinic, Oakenholt Road, Moreton, Tuesdays, 2 p.m. to 4-30 p.m.

Health Clinic, Hudson Road, Leasowe, Mondays, 2 p.m. to 4-30 p.m.

Parish Hall, Wallasey Village, Wallasey, Wednesdays, 2 p.m. to 4-30 p.m.

Trinity Church Hall, Manor Road, Wallasey, Thursdays, 2 p.m. to 4-30 p.m.

Congregational Church Hall, Princess Road, Wallasey, Thursdays, 2 p.m. to 4-30 p.m.

The number of attendances during the year was:

	Water Street	Moreton	Princess Road	Wallasey Village	Trinity Hall Liscard	Leasowe	Totals
Children under one year of age	2478	2698	2704	3174	2081	1655	14,790
Children between one and five years	844	844	854	870	840	1214	5,466

Toddlers' Clinic

Number of children called up	-----	-----	-----	-----	-----	365
Number who attended	-----	-----	-----	-----	-----	165

Distribution of Welfare Foods

Welfare foods, i.e., National dried milk, cod liver oil, orange juice and vitamin tablets were distributed from the following points during the year:—

25a Liscard, Village; Boys' Club, Vernon Avenue; Health Clinic, Leasowe; Health Clinic, Moreton; Water Street Clinic, and at the clinics held in Wallasey Village Parish Hall, and Princess Road Church Hall.

	1960	1961	1962	1963	1964	1965
NATIONAL DRIED MILK...						
Number of packets given free	1,262	1,023	1,279	1,183	1,027	630
Number of packets sold	25,553	24,345	23,292	21,962	22,341	19,172
COD LIVER OIL, ORANGE JUICE, ETC.						
Number of bottles of:						
Cod Liver Oil ..	5,396	3,866	2,290	2,162	2,204	2,197
Vitamin Capsules ..	5,031	3,962	2,964	3,085	3,278	2,680
Orange Juice (Free) ..	30	885	698	467	203	196
" " (Sold) ..	46,115	29,052	16,004	16,666	18,481	19,078

During the year, the number of packets of dried milk (other than National dried milk) cereals, etc., sold at the clinics was 37,749 realising a total of £4,583-3-0d., compared with 35,669 packets sold in 1964 which realised £4,692. The reduced income in spite of increased sales is due to the introduction of some new baby foods which are cheaper per unit than the foods which were previously on sale.

Family Planning

During 1964, the Birkenhead and District Mothers' Welfare Clinic offered to set up a Family Planning Clinic in the Leasowe area. The Health Committee accepted the offer and granted the organisation the free use of the Health Clinic, Hudson Road, Leasowe, for this purpose and the Association commenced holding sessions on Wednesday evenings from 7 p.m. to 8 p.m. in January.

The following are details of attendances at the Clinic during 1965:—

Wallasey patients	208
(In addition 5 attended from Cheshire area and one from Birkenhead)	
Number of sessions	45
Total attendances	435

Reasons for seeking advice:—

Pre-marital	5
Planning	69
Marital difficulties	2
Cytological smears	75

In addition, 205 Wallasey residents attended the Oxton Road Clinic, Birkenhead, during the year.

Priority Dental Services

The following tables give particulars with regard to the dental care of expectant and nursing mothers, and children under school age:—

- (a) Number of officers employed at the end of the year on a salary basis in terms of wholetime officers to the maternity and child welfare service.

Principal Dental Officer	1/8th
Dental Officers	3/8ths

- (b) Number of officers employed at the end of the year, to the maternity and child welfare service Nil

- (c) Number of dental clinics in operation during the year 4

- (d) Number of sessions (i.e., equivalent complete half days) devoted to maternity and child welfare patients during the year 48

NUMBERS PROVIDED WITH DENTAL CARE—

	Examined	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	51	50	36
Children under Five	216	174	137

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FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treat- ment	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	16	95	—	—	92	23	12	3	5
Children under Five	1	48	17	—	202	114	—	—	—

Day Nurseries

The three day nurseries in Wallasey, two of which are training schools for the Diploma of the National Nursery Examination Board, continue to flourish, in spite of the fact that they are still housed in the original prefabricated buildings which were established in 1940-41. Ten years, I believe, was intended to be the maximum life of these prefabricated buildings, and yet, today, some 25 years later, they are still fully occupied and serving a very useful purpose. Hardly a day passes without the matrons of all three nurseries receiving enquiries and requests for vacancies. The fees often turn out to be the stumbling block, in spite of the fact that the Nurseries Charges Sub-Committee is prepared to deal quite generously with all cases of hardship, reducing the fee according to the financial circumstances of the applicant. There are, of course, some applicants who, though not willing to pay the full fee are not prepared to divulge the details of their wages and commitments.

Children from 2 weeks to 5 years are admitted, according to need and urgency. Priority is, of course, given to the unmarried mother, a widow and a mother who is separated from her husband. Consideration is also given to the mother who is ill or expecting another baby, provided a doctor's note is produced.

"Difficult", "backward" or physically handicapped children are sometimes admitted on the recommendation of the Assistant Medical Officer, in order to give the mother a rest, and the child an opportunity to benefit from mixing with other children, and having skilled supervision from the trained nursery staff. Subsequently, a report is obtained from the matron about the behaviour and educability of the child.

The majority of the children settle down very quickly to the nursery routine, and most of them benefit considerably from the well-balanced meals at regular times, the happy atmosphere and kindly supervision of the well-trained staff.

Every child at the nursery is examined regularly by the Assistant Medical Officer of Health, who also immunises them against diphtheria, whooping cough, tetanus and poliomyelitis, if this has not already been done before their admission. Booster doses of the various antigens are also administered at the proper time.

The two training nurseries take three students for the Two Year Course for the Diploma of the National Nursery Examination Board, and the demand from Wallasey school leavers, who wish to take this Course far exceeds the number of vacancies we have to offer — nor do we experience any difficulty in filling the rare vacancies among the trained staff. We usually make a point of promoting our own trained students when this is possible.

It is most important, and stressed by a recent Ministry of Health Circular, that all members of the nursery staff, especially the Matrons and the Wardens, be kept up to date in the management of the nurseries and the children, because their job is not just to "mind" the children while the mothers are at work, but to see that they thrive

mentally and physically, and are well-equipped for their subsequent entry into school at the age of 5 years.

Two of our matrons were allowed to attend a Refresher Course in Manchester at the beginning of the year, and they benefitted considerably from what they learnt there.

In July, 1964, Miss G. E. Morgan, Matron of Oakdale Day Nursery resigned for domestic reasons, and we were very sorry to see her go, but we have been fortunate in our choice of her successor as she appears to be most efficient, keen and enthusiastic and has already introduced many innovations.

Details of attendances during the year are as follows:—

Nursery	Number on Register 31/12/65	Number of Places	Average Daily Attendances	
			0—2's	2—5's
Eastway	28	30	6.57	19.88
Central Park	55	50	17.83	23.31
Oakdale	46	50	9.94	24.64

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The initial investigation into each case is usually carried out by the Wallasey Moral Welfare Association whose official worker advises the expectant mother on the social aspects of her problem and where necessary arranges for her to be admitted to a suitable home or hostel.

Although no Mother and Baby Home is provided in the Borough full use is made of the services available through voluntary organisations.

If necessary, the Corporation grants financial assistance to enable the expectant mother to enter a Mother and Baby Home, and during 1965 six such cases received ante-natal and post-natal care, being admitted to the following homes:—

St. Monica's Home, Liverpool	.....	.....	.....	2
St. Bridget's Home, Chester	.....	.....	.....	1
"Elmswood" Home, Liverpool	.....	.....	.....	2
Coledale Hall, Carlisle	.....	.....	.....	1

Of the six cases receiving assistance one was aged 14, one aged 16, one aged 18, one aged 20, and the remaining two were aged 22 and 26 respectively. This compares with eleven such cases in 1964.

NURSERIES AND CHILD MINDERS' REGULATIONS ACT, 1948.

There were four day nurseries and three child minders registered under the above-mentioned Act as at 31st December, 1965.

Full details of the procedure for registration in accordance with the Act were given in the Report for 1964.

The Superintendent Health Visitor continues to make periodical inspections to ensure that the standards laid down under the terms of registration were maintained.

SECTION 23 — MIDWIFERY SERVICES

Domiciliary Midwifery

Dr. E. I. Grant, Assistant Medical Officer of Health and Medical Supervisor of Midwives makes monthly inspections, and reports as follows:—

It is unfortunately a sign of the times, and not peculiar to Wallasey alone, that the number of domiciliary confinements has dropped again to a new low figure of 207 out of a total for the borough of 1,877. This means that nearly 90% of the mothers in this area are having institutional confinements.

The trend throughout the country appears to be to aim at 100% hospital deliveries, and to accomodate such a large number of cases with only a few additional beds inevitably means more and more early discharges — this year there were 908 — and more and more frustration for those domiciliary midwives who, longing for the satisfaction of the deliveries, have to be content with only the nursings and post-natal care.

One disadvantage of early discharge is the fact that the mother, once she has been discharged home with her baby, is apt to think that she needs no further nursing care, and when our domiciliary midwife calls, she sometimes finds her patient "out".

Further, some mothers who are discharged home early experience trouble breast-feeding or baby develops sore buttocks, or the cord does not separate or heal well — minor details perhaps, compared with the importance of a safe obstetrical delivery in hospital, but of major significance in the eyes of the recently delivered mother. Our staff endeavour to help these mothers to overcome these early difficulties.

In accordance with the Rules of the Central Midwives Board, two midwives attended Refresher Courses in 1965, both at Keele University, and they were most impressed by the excellence of the lectures and demonstrations provided there. We usually arrange a meeting after the midwife returns from such a Course, and the modern conception of midwifery is discussed so that all the midwives benefit to a certain extent from their colleagues' attendance at these Courses. Any new ideas which we think are of value to the domiciliary midwifery service are adopted and put into practice.

More and more of the equipment used by the domiciliary midwives is now of the disposable type, e.g. gloves, syringes and face masks, and this means less chance of puerperal infection due to faulty

sterilisation. Rectal suppositories are gradually replacing the old-fashioned soap and water enemas—though the latter still have their use, and the drugs which the midwives are allowed to carry are those most recently recommended. Each midwife now has her own sphygmomanometer, stethoscope and gas and air machine. This has been made possible by the fact that six of our seven midwives have their own cars with mileage allowances kindly provided by the local authority. Every three months these gas and air machines are serviced and kept in first class condition.

There has been rather a lot of sickness among the midwives this year and this has made it difficult to keep the district as well staffed as one would like, but the remaining midwives have all pulled their weight and helped out when necessary. Holidays and off duty periods have been able to be taken as usual.

An approach has been made by the Highfield Medical Board through the North Wirral Hospital Management Committee to the Local Authority for the secondment of our domiciliary midwives to Highfield Hospital where they would come under the jurisdiction of the Matron and the medical staff. A meeting of our midwives was convened by the Medical Officer of Health and Mr. Wilson, Consultant Obstetrician, was invited to discuss this plan with us. After some vigorous discussion, it was made abundantly clear that the midwives were opposed to any change of administration, although they were quite ready and willing to undertake deliveries at Highfield if necessary.

Since that meeting there have been no further moves by either side.

A lot of our day-to-day problems are solved at our meetings at a midwife's house, which are held as often as required, usually every six weeks. I take the Chair at these meetings and Mrs. Schofield, the Superintendent Health Visitor, who gives me such valuable assistance in the non-medical administration of the domiciliary midwifery service, is also present.

Mrs. Schofield is also the liaison officer between Highfield and our midwives. She receives the notifications from Highfield and St. Catherine's Hospital, of all early discharges and contacts the appropriate midwife, arranging for her to visit the mother as soon as she returns home.

The midwives are gradually getting used to this new look midwifery, but they mourn the passing of the old method whereby they had the pleasure of the delivery, the satisfaction of a job well done, and the knowledge that they had earned the gratitude of their patients.

Number of Deliveries by Municipal Midwives in the Area During the Year

Domiciliary Cases			Number of Women Delivered in Hospitals and Other Institutions but Discharged and Attended by Domiciliary Midwives before the 10th day
Doctor Not Booked	Doctor Booked	Total	
—	207	207	860

Maternity Outfits

On application to the midwife in attendance or to the Public Health Department, maternity outfits are supplied free of charge for all domiciliary confinements.

The number of maternity outfits issued during the year was 230.

Maternity Homes

There are no private maternity homes registered in the borough.

SECTION 24 — HEALTH VISITING

Mrs. K. Schofield, Superintendent Health Visitor, makes the following observations:—

The role of the health visitor continues to be that of a family visitor. The service provides for the supervision of mothers and care of young children: welfare of the aged; prevention of illness; care and aftercare of hospital patients; the follow-up of infectious disease and co-operation with family doctors and the hospitals. Although there are still many family doctors who do not enlist our help, the numbers now doing so are greatly increasing and there appears to be a steady improvement in the liaison between general practitioners and health visitors. There are three main problems which the doctor asks us to supervise:

- (a) feeding mismanagement of infants;
- (b) visits to aged people;
- (c) difficulties encountered in inter-personal relationships within the family group.

Communication between other statutory voluntary agencies is improving. Attendance of the staff at the six weekly case conferences brings us in contact with social workers in the different social work fields.

I propose to submit my report under separate headings.

Children "at risk"

The Matron of Highfield Maternity Hospital and the domiciliary midwives continue to notify the Health Department of babies born in this "at risk" group. The babies are kept under surveillance until the health visitor is sure that they are making normal mental and physical progress. If a baby appears to develop any abnormality his name is entered in a "Handicapped Children Register". At 2 years of age if necessary, and at 4 years 9 months he is seen by one of the School Medical Officers to ascertain his future educational needs.

Phenylketonuria testing

This has continued as in previous years. Unfortunately, not all babies are tested between 4—6 weeks due to "no access" visits, dry napkins, etc. Of the babies tested, there have been no positive results.

Screening Test for Deafness

A child at 7 months of age in the "at risk" group for deafness is given a simple hearing test. Any child suspected of a hearing defect is referred to his family doctor, who, in turn, may refer the child for an expert examination if necessary.

Congenital Malformations

Monthly returns are made to the Registrar General of babies born with congenital malformations. Once again we are indebted to the hospitals and domiciliary midwives for their continual co-operation. These returns are useful as they enable the health visitors to keep a vigilant watch on the infant in this group.

Mothercraft Classes

These classes are held at our four health clinics and conducted by the health visitors. The midwife who has booked a mother for a home confinement examines her and talks are given on all aspects of mothercraft.

Film strips and the Birth Atlas are very popular with the expectant mothers as are all visual aids. Discussion groups are of great value in health education. A shy mother often expresses her views more easily in an informal group than by an organised teaching method.

Moreton Mothers Club

This club was started in March, 1961. After nearly 5 years, I am pleased to report that the club grows both in numbers and enthusiasm. The meetings are held fortnightly.

The programme for the year is arranged by the Chairman, Secretary and Committee and comprises both educational and social events. The atmosphere at club meetings is warm, friendly and happy. To illustrate this, we had an interesting talk given by a representative

from a Liverpool firm on carpet and linoleum buying; Mrs. Parry talked about work done by the W.V.S.; a sale of work was held and the proceeds given to the Society for Mentally Handicapped Children. Film strips have been shown by a member of the health visiting staff on various topics including sex education, menstruation, home accidents, etc., all of which were followed by questions and discussion.

I wish to thank the health visitors concerned, who have made the club such a success. I also wish to thank the Health Committee for allowing the use of the premises.

Care of the Elderly

Leasowe Community Association 'Over 60' Club continues in the Leasowe Health Clinic, Hudson Road. Friendly relationships exist between the members and the health visitors who are available to give advice on health and welfare matters.

Each autumn the staff and children of Birket Infant School give their Harvest Festival non-perishable goods to me or distribute at Christmas time to elderly people or needy families. I am most grateful to Miss Hollihead, the Headmistress, and the parents of the children in Birket School for their kindness and generosity.

The Family Planning Association is happily settled in Leasowe Health Clinic. Good relationships exist between the F.P.A. staff and ourselves. After a slow start the number of attendances are increasing and the teething troubles of administration, etc., are now over.

Attendance at Hospital

The health visitors continue to visit Highfield Maternity Hospital Premature Baby Unit each Saturday morning and the Birkenhead Children's Hospital each Friday afternoon. We appreciate the contact with these hospitals which facilitates the aftercare of the patients.

General Practitioner Surgery Sessions

No further requests have been received for general practitioner/health visitor attachments. Three health visitors continue to attend three general practitioner surgery sessions.

Lastly, I wish to thank the Health Committee for allowing one health visitor to attend a Refresher Course each year.

The following is a summary of work done by the Health Visitors during the year:—

Total visits to children under 1 year	7,973
Total visits to children between 1 and 5 years	12,303
Total visits to Premature Births	281
Total visits re Stillbirths	30
Total visits re Neo-Natal Deaths	20
Total visits re Infant Deaths	12
Total visits re Infectious Diseases and contacts	811
Total visits to Dysentery cases	269
Total visits to Ophthalmia cases	39
Total visits re Immunisation	89
Total visits re Adoptions	21
Total visits for Children's Officer	26
Total visits for Hospital Almoners	57
Total visits to Expectant Mothers	919
Total visits to Post-Natal cases	382
Total visits re Tuberculosis	1,969
Total visits to Diabetics, per General Practitioners	1
Total visits re Care of Old People	727
Miscellaneous visits	711

26,640

Ineffectual visits (no response, etc.)	2,702
--	-------

29,342

Attendances at Junior Training Centre for:—

Medical Inspections	20
Cleanliness Surveys	2
Attendances at Adult Training Centre	8
	30

Attendances in School by T.B. Health Visitors re B.C.G. vaccination

Home visits re B.C.G. vaccination	62
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148

Attendances at Birkenhead Children's Hospital	38
Attendances by T.B. Health Visitors at Mill Lane Chest Clinic	83
Highfield Premature Baby Clinic	23
General Practitioners' Ante-Natal Clinic Sessions	146

SECTION 25 — HOME NURSING

Miss E. Fairless resigned in September, 1965, as Superintendent of the District Nursing Service, we were very sorry to lose her and wish her every happiness in her retirement.

Mrs. K. Elson was appointed as Superintendent and reports as follows:—

The amount of work undertaken by the District Nurses in Wallasey during the past year has increased, more acute work has been undertaken and more visits than ever before have been given for injections only. With a full staff, all mobile, 12 Nurses are car owners and full co-operation from the Public Health Department, Doctors and the Hospitals the load has appeared lighter. Many thanks are offered to all these people concerned.

Messages are taken at the Centre from 8 a.m. until 9 p.m. Monday to Saturday, from 9 a.m. until 9 p.m. on Sundays. One Nurse is on duty each evening for emergency calls and visiting terminal cases.

243 late visits were paid to 29 patients for the purpose of giving injections to patients suffering from carcinoma. Nine patients with carcinoma have been nursed at night by Nurses provided by the Marie Curie Memorial Foundation. This we are hoping to extend during the coming year to all very sick patients nursed by the District Nursing Service, subject to approval. This will give a round the clock attendance to all the acutely ill and relieve pressure of Hospital beds. The extension during the past year of the clean linen service which now includes nightgowns, has fulfilled a great need. Besides helping the Nurse it has eased the load from the relatives point of view. The infirm and elderly patients continue to increase in number and the Bath Attendants (1 full time and 2 part time) have paid 4,645 visits to 203 patients.

Disposable equipment is gradually being introduced and has proved beneficial to the staff, saving valuable time. In the past 12 months 4 S.R.N.'s have received District Training and qualified for the National Certificate under the auspices of the Queen's Institute. The Superintendent and 12 Nurses are Queen's Nurses.

The following is a summary of the work carried out by the District Nursing Service in 1965.

	Cases	Visits
Medical	1271	42477
Surgical	264	9232
Tuberculosis	31	1346
Infectious	20	157
Maternal Complications	9	63
Others	202	418
Totals	1797	53693
Patients included in above who were 65 years and over at time of first visit	1120	36817
Children included in above who were under 5 years at time of first visit	13	137
Patients who have had more than 24 visits during the year	587	45377
Injection visits only	462	21447

NURSING HOMES

There were four Nursing Homes on the Register at the end of 1965. 33 deaths occurred in the Homes during the year.

Twenty visits were paid to the Nursing Homes by the Superintendent Health Visitor.

SECTION 26 — VACCINATION AND IMMUNISATION

General

The important work under this section was continued throughout the year by the Department and was again greatly assisted by the General Practitioners in the Borough.

The importance of vaccination and immunisation cannot be over emphasised.

POLIOMYELITIS

A total of 1,913 persons under 16 years of age completed a primary course of vaccination and 889 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1964 were, primary 1,452, reinforcing 650.

Details, by age group, are as follows:—

PRIMARY COURSES

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P. ..	1	15	2	1	—	—	19
Salk	5	15	1	1	3	1	26
Sabin	296	921	256	137	172	86	1,868
TOTALS	302	951	259	139	175	87	1,913

REINFORCING DOSES

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P. ..	—	—	—	—	—	—	—
Salk	—	—	3	1	23	9	36
Sabin	2	6	13	16	648	168	853
TOTALS	2	6	16	17	671	177	889

DIPHTHERIA IMMUNISATION

A total of 1,649 persons under 16 years of age completed a primary course of vaccination and 1,566 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1964 were, primary 1,333, reinforcing 689.

Details, by age group, are as follows:—

PRIMARY COURSES

Type of Vaccine or dose		Year of Birth					Others under age 16	Total
		1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P.	..	1	15	2	1	—	—	19
Triple D.T.P.	..	457	821	143	50	51	6	1,528
Diphth./Pertussis	..	—	—	—	—	—	—	—
Diphth./Tetanus	..	1	4	2	22	59	14	102
Diphtheria	..	—	—	—	—	—	—	—
TOTALS	..	459	840	147	73	110	20	1,649

REINFORCING DOSES

Type of Vaccine or dose		Year of Birth					Others under age 16	Total
		1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P.	..	—	—	—	—	—	—	—
Triple D.T.P.	..	2	66	165	43	342	31	649
Diphth./Pertussis	..	—	—	1	—	—	—	1
Diphth./Tetanus	..	—	5	16	22	428	426	897
Diphtheria	..	—	—	—	—	19	—	19
TOTALS	..	2	71	182	65	789	457	1,566

WHOOPING COUGH

A total of 1,547 persons under 16 years of age completed a primary course of vaccination and 650 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1964 were, primary 1,278, reinforcing 425.

Details, by age group, are as follows:—

PRIMARY COURSES

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P. ..	1	15	2	1	—	—	19
Triple D.T.P.	457	821	143	50	51	6	1,528
Diphth./Pertussis ..	—	—	—	—	—	—	—
Pertussis	—	—	—	—	—	—	—
TOTALS	458	836	145	51	51	6	1,547

REINFORCING DOSES

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Quadruple	—	—	—	—	—	—	—
Triple D.T.P.	2	66	165	43	342	31	649
Diphth./Pertussis ..	—	—	1	—	—	—	1
Pertussis	—	—	—	—	—	—	—
TOTALS	2	66	166	43	342	31	650

TETANUS

A total of 1,649 persons under 16 years of age completed a primary course of vaccination and 1,546 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1964 were, primary 1,497, reinforcing 925.

Details, by age group, are as follows:—

PRIMARY COURSES

Type of Vaccination or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P. ..	1	15	2	1	—	—	19
Triple D.T.P.	457	821	143	50	51	6	1,528
Diphth/Tetanus	1	4	2	22	59	14	102
Tetanus	—	—	—	—	—	—	—
TOTALS	459	840	147	73	110	20	1,649

REINFORCING DOSES

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Quadruple D.T.P.P. ..	—	—	—	—	—	—	—
Triple D.T.P.	2	66	165	43	342	31	649
Diphth./Tetanus	—	5	16	22	428	426	897
Tetanus	—	—	—	—	—	—	—
TOTALS	2	71	181	65	770	457	1,546

SMALLPOX VACCINATION

A total of 684 persons under 16 years of age were vaccinated and 22 persons under 16 years of age were revaccinated during the year.

The comparable figures for 1964 were, vaccinations 531, revaccinations 71.

Details, by age group, are as follows:—

Age at date of vaccination	Number of persons vaccinated or revaccinated		Number of cases specially reported		
	Vaccinated	Revaccinated	(a) Generalised vaccinia	(b) Post- Vaccinal Eucephalo- myelitis	Death from complications of vaccination other than (a) and (b)
0-3 months	12	—	—	—	—
3-6 months	46	—	—	—	—
6-9 months	28	—	—	—	—
9-12 months	34	—	—	—	—
1 year	186	—	—	—	—
2-4 years	349	5	—	—	—
5-15 years	29	17	—	—	—
TOTAL	684	22	—	—	—

SECTION 27 — AMBULANCE SERVICE

There was no change in the administration of the service in Wallasey, which has had a joint Fire and Ambulance Service since the beginning of the National Health Service in 1948.

The new sub-station at Pasture Road, Moreton, has provided that part of the borough with an improved service.

During 1965, arrangements were continued for training personnel at the Cheshire County Training Centre at Northwich.

The vehicular strength at 31st December, 1965, was as follows:—

- (a) 7 ambulances, each capable of conveying 3/4 persons in an emergency;
- (b) 2 omni-coaches for sitting cases, each capable of conveying 13 persons, and a vehicle with a rear lifting platform for wheel-chair cases operated from the gear box of the vehicle;
- (c) one car for long distance journeys.

An additional ambulance was ordered during the year, but delivery had not been made by the end of the year.

All vehicles are fitted with radio control.

With heavier loads on the electrical equipment, such as portable incubators, etc., and “snarl-ups” in the cross dock and tunnel traffic, consideration will have to be given to equipping all new vehicles with alternators instead of dynamos.

The staff was again strengthened in accordance with the Ten Year Development Plan and on 31st December, 1965, was 33 driver/attendants, 5 Leading Drivers and 2 Sub-officers.

The number of cases has again shown an increase on the previous year—an additional 1,783 patients were conveyed. The total number of patients conveyed during the year was 44,206 compared with 42,423 in 1964 and 41,010 in 1963. The total mileage covered during the year was 177,257 compared with 178,875 in 1964 and 176,153 in 1963.

The gas and air (analgesia) outfits used by the domiciliary midwives are serviced regularly at the Fire and Ambulance Service headquarters. The control room has a weekly rota of midwives on duty and any member of the public having difficulty in obtaining a midwife on the district can obtain help by dialing 999 and asking for Ambulance Service (Maternity).

The Table on page 47 gives full details of all the cases conveyed during the year.

AMBULANCE SERVICE—NUMBER OF CASES CONVEYED—1965

47

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Street, Works & Domiciliary Accidents or Sudden Illness	.. 188	158	185	243	222	339	230	285	210	212	223	214	2,709
Urgent Admissions ..	283	203	270	236	243	278	223	212	260	247	262	300	3,017
Mental Health Cases ..	19	7	12	22	20	18	16	21	32	26	18	9	220
Malicious False Alarms ..	5	7	11	9	3	5	6	7	2	9	4	5	73
Maternity Admissions ..	58	49	53	54	44	36	41	40	46	43	43	44	551
Infectious Diseases ..	36	66	57	51	41	33	47	13	28	37	55	35	499
Admissions booked in advance	.. 52	71	77	68	71	84	82	77	77	64	78	56	857
Outpatients & Clinics ..	2,599	2,422	2,838	2,450	2,564	2,523	2,492	2,751	2,824	2,740	2,855	2,538	31,596
Gas & Air Sets & Midwives	.. 35	60	22	45	39	30	13	19	20	6	—	2	291
Others	272	354	354	186	441	322	375	328	360	473	492	343	4,300
Mortuary	9	9	8	4	6	11	9	8	3	12	10	4	93
Totals ..	3,556	3,406	3,887	3,368	3,694	3,679	3,534	3,761	3,862	3,869	4,040	3,550	44,206
Mileage	14,739	13,324	13,159	13,264	16,993	13,992	13,859	16,789	14,436	18,229	14,972	13,501	177,257

SECTION 28 — PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

No. of Primary Notifications—

	1965	1964	1963	1962	1961	1960	1959	1958	1957
	29	32	39	43	50	78	84	77	66
Pulmonary	22 = 13 men 7 women 2 children								
Non-pulmonary	7 = 1 man 6 women								

Classification of Non-pulmonary cases

1 TB Uterus.	1 right cervical adenitis	1TB ankle joint
1 TB Salpingitis	1 TB right clavicle	1 TB gland in neck
1 TB right kidney.		

Table of Primary Notifications

		Notifications		Deaths		Death Rate
		Pul.	Non-pul.	Pul.	Non-pul.	per 1,000
1965	.....	22	7	5	—	.05

No. of Notified cases of Tuberculosis on Clinic Register

1st January, 1963	.....	1,017
31st December, 1965	.....	995
Transfers from other areas	.....	6
Lost sight of cases returned	.....	—
New cases diagnosed during the year	.....	29
Total visits by Health Visitors:—		
T.B. Cases	.....	1,282
Others	.....	679

Prevention

No. of new contacts examined during 1965	.....	236
No. of new cases diagnosed during 1965	.....	29
Contact rate	.....	8.13
No. of new cases detected by contact examination	.....	1
No. of new cases detected by school contact examination	.....	—
Home Nursing treated	.....	31
Home Nursing total visits	.....	1,346
B.C.G. Vaccinations	.....	125
Children Mantoux positive at School	.....	31
No. of contacts attending through above	.....	84
No. of Mantoux positive children at School who attended Clinic	.....	34

Care

Families receiving clothing	.....	25
Housing defects reported by Health Visitors	.....	6
No. of patients receiving milk	.....	6
No. of cases rehoused	.....	9
Referred to Education Dept.	.....	—
Home Helps	.....	6
Free School Meals	.....	1
Meals on wheels	.....	5

Dr. J. Baxter, Consultant Chest Physician, reports as follows:—

In spite of a Miniature Mass Radiography campaign covering part of Wallasey in the summer of 1965, the number of new cases has dropped to 29. The fall is more significant when it is noted that seven cases were non-pulmonary. The pulmonary cases have fallen from 29 to 22. The Miniature Mass Radiography campaign brought to light a number of healed cases but did not find a case requiring more than observation.

None of the 7 non-pulmonary cases were found to be due to the Bovine type of bacillus. This speaks well for the milk supplies and the Public Health care taken in sampling to ensure purity and quality.

The age grouping this year showed a preponderance in the older, over 45 group, showing that the B.C.G. campaign continues to be of great value.

Our Health Visitors have visited 1,282 T.B. cases and 679 other than T.B. The latter group include many cases of cancer and the advice and comfort given cannot be over-estimated. Such matters as National Assistance and grants from the Cancer Relief Fund are dealt with. The Hospital Medical Social Worker is most helpful in obtaining convalescent home accommodation.

The Home Nursing Service have treated 31 cases, making a total of 1,346 visits. Patients speak very highly of this Service, looking forward to the nurse's visit and cheerful conversation.

One new case was detected as a result of contact examination this year and the contact rate of 8.13 per case of tuberculosis is the highest yet obtained and is mainly due to the tactful efforts of our Health Visitors.

The Home Help and Meals on Wheels Services have done a very useful job again this year and patients have been very complimentary.

The co-operation between Public Health and Hospital Services in treatment and prevention of chest disease continues to show dividends, the two departments working happily together.

Vaccination of Schoolchildren with B.C.G. Vaccine

The B.C.G. vaccination of schoolchildren to provide them with resistance to tuberculosis has continued. As in previous years, the main group vaccinated was children between the ages of 13 years and 14 years; older children are vaccinated if for any reason they did not accept vaccination at the usual age. In areas where the Mantoux positive rate in schoolchildren is high, there is a case for offering B.C.G. vaccination to younger children. When this is done, however, there is the risk that the immunity provided by the vaccination will have waned when the children leave school. This period of life when children leave school and enter industry is a period of increased risk

for tuberculosis and so in areas such as Wallasey, where the Mantoux positive rate in schoolchildren is low, it is advisable to defer vaccination until the age mentioned above.

We have continued to use the standard preparation Tuberculin P.P.D. for the preliminary skin tests and the freeze dried B.C.G. vaccine for the vaccinations, each being administered with specially calibrated 1 ml. syringes, intradermally.

All children who reacted positively to the preliminary injection of tuberculin P.P.D. together with their close contacts, were advised to attend the Chest Clinic for chest X-ray to confirm or exclude the presence of active pulmonary tuberculosis. Of course, these children are not vaccinated. The remaining children were vaccinated with B.C.G. vaccine and these vaccinations were inspected about eight weeks later to decide whether they were successful. Those showing only very small reactions or no reaction were offered revaccination if skin tests were still negative. The numbers involved are shown in the Table. It is gratifying to report that arising from these investigations of positive reactors and their contacts at the Chest Clinic, no cases of tuberculosis were discovered which required treatment.

The number of positive reactors who attended the Chest Clinic numbered 31, in addition, 84 close contacts of these children also attended for investigation.

No. of children offered (per parents)	
B.C.G. vaccination	1,363
No. of children accepting (per parents)	
B.C.G. vaccination	1,069
No. of children Mantoux Tested	1,057
No. of children found Mantoux positive	31
Percentage of children found Mantoux positive	2.93%
No. of children found Mantoux negative	1,026
No. of children vaccinated with B.C.G. vaccine	1,011

Re-examinations

No. of children Mantoux retested	216
No. of children found negative	41
No. of children re-vaccinated with B.C.G. vaccine	41

Provision of Nursing Equipment

In 1965 a total of 891 articles were issued as follows:—

Air-rings	79	Knee cages	53
Back rests	129	Mackintosh sheets	125
Bed pans	118	Self-lifting poles	8
Bed tables	4	Tripod sticks	19
Beds with lifting pole	1	Male urinals	34
Commodore	167	Female urinals	3
Crutches	2	Wooden bed blocks	44
Dunlopillo mattresses	6	Special bedstead	1
Invalid Chairs	96	Enuresis machines	2

All items of nursing equipment are now issued free on loan.

This service, which facilitates the nursing of patients in their own homes is much appreciated by relatives.

The smaller items of equipment can be collected from the Health Department in the Town Hall, whilst arrangements are made for delivery in necessitous cases. Larger and heavier items are delivered by departmental van to the patients' homes.

Clean Linen Service for Incontinent Chronic Sick

The Ministry of Health has asked for details of the progress made in the provision of an incontinence pads service, as suggested in Circ. 14/63.

In Wallasey a scheme has been in operation since 1959, which is considered to be preferable to an incontinence pads service, in that the problem of disposal does not arise. The latter would create a very real problem, particularly in the smoke control areas of the borough.

Fourteen draw sheets are left initially for each patient and replaced with clean, as necessary—usually twice weekly. This service enables many patients to be nursed at home who would otherwise have to be admitted to hospital. At its inception the service was restricted to a maximum of 19 patients at any one time, but since January, 1965, has been extended to all persons requiring it, the investigation of all cases being in the hands of the Superintendent of the District Nursing Service.

The number of sheets issued during the year was 19,513 and the number of cases to whom sheets were issued totalled 211. The comparative figures for 1964 were 8,766 and 84 respectively.

Health Education

Early in 1964 a Joint Committee of the Central and Scottish Health Services Council, under the chairmanship of Lord Cohen of Birkenhead, published a Report on the subject of Health Education. In this Report, health education programmes are considered under four headings:—

- (a) Specific action (e.g. vaccination and immunisation);
- (b) habit or attitude changing (e.g. avoidance of over-eating; attitude to mental illness);
- (c) support for community action (e.g. clean air, fluoridation);
- (d) education which leads patients to know when to consult their doctors, especially at the early stage of serious disease.

Such programmes can only be effective if they are carried out by personnel with a fairly long standing and close acquaintance with the people to whom the programmes are directed. In this regard, the health visitors and welfare officers of the authority spring to mind as

those best suited to this task, but the medical and dental staff, although having less frequent contact with the public, nevertheless use the opportunities that are available to them to promote healthy attitudes and practices. The effectiveness of the health education work done by these members of the department can be increased if it is planned and co-ordinated rather than carried out in a piecemeal fashion.

To enable this to be done, the authority, in conjunction with Birkenhead County Borough, have agreed to the joint appointment of a Health Education Officer early in the new year.

As far as this year is concerned, the activities of the department can be summarised as follows:—

(a) *Health visiting.* As already mentioned, the Superintendent Health Visitor and her staff play an important role. Expectant mothers who attend the child welfare clinics receive help and advice on all health matters, either through group teaching or to individual mothers. Even more important is the advice given during home visits in connection with newly born babies, infectious disease, illnesses in the aged, etc.

(b) *Publication.* A Health and Welfare Services Handbook giving full details of the Health Authority's activities and illustrated with photographs, is distributed free.

Copies of *Better Health*, the official journal of the Central Council for Health Education, were purchased each month and were distributed free from the Health Department and various clinics, the Education Department and the offices of the Wallasey Executive Council.

(c) *Posters.* Full use was made during the year of the poster boards. Unfortunately, the poster board in Liscard Road, one of the busiest shopping areas in the borough, is now partly obscured by the railings that have been erected there. Full use was made of the Ministry of Health posters on various subjects.

(d) *Leaflets and Pamphlets.* Leaflets were purchased, primarily from the Central Council for Health Education. This year emphasis was placed on leaflets relating to accidents in the home. These were distributed to mothers by the health visitors at the time of their home visits, so ensuring that they reached those mothers who did not attend clinics.

(e) *General Practitioners Clinics.* Three health visitors now assist general practitioners in the running of their ante-natal and child welfare clinics.

(f) *Midwives Clinics.* These clinics continue to be well attended. A syllabus of talks on Mothercraft is followed at these clinics, the talks being given by health visitors.

(g) *Lectures and Talks.* Lectures have been given in school by the Principal School Dental Officer on dental care. The Chief and

Deputy Chief Public Health Inspectors give talks to the general public on food hygiene and the work of the public health inspectors. The department own a film strip projector and screen, and this was used on numerous occasions by the health visitors to illustrate talks on sex education, infant feeding, home accidents, etc.

Merseyside Cancer Education Committee. This Authority participates in the activities of this committee. During the year a series of pamphlets was produced explaining cancer of various parts of the body in simple language, and urging the importance of seeking medical advice, without delay, where suspicious symptoms develop. These were distributed to the general public by the health visitors. Several talks were given to groups of young mothers and to women in the older age groups by the Superintendent Health Visitor and lively discussions followed.

During the year, Mr. Duffy, the full-time officer in charge, resigned his appointment, the resignation taking effect early in 1966.

Venereal Disease. Towards the end of 1964 supplies of a leaflet, prepared in the Ministry of Health in consultation with the Home Office and the Department of Education and Science and setting out in simple form some important facts about venereal disease, particularly gonorrhoea, in women, were made available to Local Authorities. These leaflets were distributed to the social workers and others on the staff of the Authority, including health visitors, welfare officers, the Children's Officer, Youth Officer, police women, etc., so that the facts could be passed on to girls and women, when occasion arises, and encourage them to attend for treatment if necessary.

Smoking and Health

No special campaigns were conducted in 1965, but the dangers of smoking were brought to the notice of Wallasey residents through the medium of posters and general health education propaganda.

Cytology Clinics for the Early Diagnosis of Carcinoma of the Cervix-uteri.

In October, 1965, application was made to the Ministry of Health for confirmation of the Council's proposals to establish a service for screening for the prevention or early detection of cancer of the cervix as part of their arrangements for the prevention of illness under Section 28 of the National Health Service Act, 1948.

The Minister approved the application and the addition of the following paragraph to the Council's existing proposals:—

“The Local Health Authority will provide a service for the collection of cervical smears for cytological diagnostic investigation by Hospital Authorities”.

The Local Medical Committee has agreed to the Local Authority's Medical Officer carrying out this test on those of their patients who wish to have this done. If some of the family doctors express a wish to perform this service for their own patients, we naturally refer such applicants back to them.

The clinic is to be held at Water Street on Wednesday afternoons, early in 1966, by appointment, and, will, at first, be limited to married women between the ages of 30 years and 65 years. We anticipate a good response after some publicity has been given to this important new development in preventive medicine.

Owing to the shortage of trained technicians who will examine these smears, we shall only be able to do about 12—15 per week at present. The co-operation of the North Wirral Hospital Management Committee in making facilities available for the examination of the smears is appreciated.

Convalescence

Upon receipt of a recommendation from the family doctor or hospital consultant, arrangements are made for the applicant to take convalescence at one of the convalescent homes in the north-west.

The fee payable by the applicant is fixed by means of an assessment scale laid down by the Council which takes into account both regular income and expenditure incurred, allowances being made for various commitments. The balance of the fee is met from Council funds.

During 1965 eight patients were accommodated in the under-mentioned homes:—

Lady Forester Convalescent Home, Llandudno	—	1
Lear Home of Recovery, West Kirby	—	5
Sutcliffe Rhodes Lodge Convalescent Home, Colwyn Bay	—	1
Grey Court Hostel, Carnforth	—	1

In addition to the above the cost of other patients being admitted to suitable convalescent homes was defrayed by a private fund.

Venereal Disease

The following table gives details of the number of Wallasey residents who received treatment for the first time at various centres during 1965:

	Syphilis	Gonorrhoea	Other Conditions	Total
St. James Hospital, Birkenhead	2	19	106	127
Royal Infirmary, Liverpool	1	4	4	9
Seamen's Dispensary and V.D. Clinic, Liverpool	—	9	58	67
	<hr/> 3	<hr/> 32	<hr/> 168	<hr/> 203

The total number of cases is the same as for the year 1964, although there was a decrease of 15 in the number of cases of syphilis and gonorrhoea, and a corresponding increase in the number of 'other conditions'.

There is no treatment centre in Wallasey, but it has been found that the majority of residents seeking treatment prefer to visit a Centre outside the borough.

As mentioned in the section of this report under the heading "Health Education", leaflets which were received from the Ministry of Health and setting out in simple form some important facts about venereal disease in women, were made available to social workers, health visitors, police women, etc., so that when the occasion arises, girls and women can be encouraged to attend for treatment.

Notices continue to be displayed in the conveniences and on the ferry boats, giving details of the facilities for treatment available in the area.

Chiropody Service

The Chiropody Service continued to make a definite contribution to the care of the aged in the community.

The following are details of treatments given during the year :—

(a) Number of patients registered	.....	.....	.....	2,144
(b) Number of treatments given :—				
(i) Old Age Pensioners	.....	.....	.....	10,407
(ii) Physically Handicapped	.....	.....	.....	175
(iii) Expectant Mothers	.....	.....	.....	Nil
				<hr/>
				10,582
				<hr/>

Of these 9,842 were given at no charge to the beneficiary and 740 were given where the beneficiary paid 3/-

There were 11 Chiropodists participating in the scheme at the end of the year, all of whom satisfied the conditions laid down in the Professions Supplementary to Medicines Act, 1960.

The patients can choose whichever Chiropodist he/she prefers and treatment is given in the Chiropodist's own surgery or, if necessary, in the patients' homes. During the year 7,165 treatments were given at the surgery and 3,417 treatments were given in the patient's homes.

The following are eligible for treatment in accordance with the Council's scheme :—

- (a) Male persons who are over the age of 65 and female persons over the age of 60.
- (b) Registered Physically Handicapped persons.
- (c) Expectant Mothers.

The minimum interval between treatments in all but exceptional cases is 6 weeks and each patient is required to make re-application after having had 9 treatments.

No charge is made for the treatment to persons in receipt of National Assistance and all other applications are assessed in accordance with the scale approved by the Council and if accepted receive treatment free or at a reduced charge.

Fluoridation of Water Supplies

As stated in the Annual Report for the year 1962, the Council of this Authority has resolved that they are in favour of the fluoridation of the Wallasey water supply, but unfortunately, this has not been implemented, as yet, as the Wirral Water Board has stated that it would be impracticable to supply fluoridated water to any particular authority within the Board's area unless the other authorities to which they supply water are in agreement.

SECTION 29 — DOMESTIC HELP SERVICE.

Mrs. Malcolm Falla, Home Help Organiser, reports as follows:—

The Home Help Service continues to provide quiet and efficient service in maternity and emergency cases, and also in the care of the elderly and sick persons in the borough. Many of these cases would have to be accommodated in hospital if help was withdrawn. Cases in the latter category i.e. that of the elderly and sick persons now absorb 85% of all hours worked.

It is interesting to note that 'neighbourliness' is more prevalent in certain areas than others, but there are still many lonely people in the borough.

In accordance with the Ten Year Development Plan of the Domiciliary Health Services, the Domestic Help Service has been further expanded in 1965, the total hours worked being 18,640 in excess of that for the previous year.

Consequent upon the anticipated increase in persons aged 65 years and over a further continuous expansion of this service is envisaged in the next decade, further details of which are given in page 68 of this report.

	Maternity	T.B.	O.A.P.	Others	Total
Applications received	61	1	337	104	503
Applications accepted	61	1	335	104	501
Applications refused	—	—	2	—	2
Accepted cases cancelled					
owing to private arrangements, deaths, etc.	2	—	81	23	106
No. of cases help sent	61	1	474	61	597
Cases commenced					
prior to 1965	—	—	91	11	202
Hours worked	3504¾	142¾	107,961¼	11,144¾	122,753½
No. of hours sickness & accident benefit	—	—	—	—	4,771½
No. of hours holiday pay	—	—	—	—	8,212
Total Hours					135,737

No. of helpers 31-12-65	.....	Full time 26)	=	58 full time
		Part-time 64)		(equivalent)

SECTIONS 28 and 51 — MENTAL HEALTH SERVICE

Introduction

Under Part III of the National Health Service Act, 1946, the Local Authority is responsible for the ascertainment of mental disorder, for arranging the admission of patients to psychiatric hospitals, and for work in the field of prevention, care, and after-care in the Community. Part II of the Mental Health Act, 1959, which became fully operative on the 1st November, 1960, adds to these duties functions relating to the provision of training centres, the provision of residential accommodation and increases the emphasis in the care of mentally disordered in the Community.

Administration

The Medical Officer of Health is responsible for the administration of this service and he, together with the other three Medical Officers of the Local Health Authority, is approved under the provisions of Section 28 of the Mental Health Act, 1959, as having special experience in the diagnosis or treatment of mental disorder and they deal mainly with mental subnormality.

Staff

The staff establishment is one Senior Mental Welfare Officer, five Mental Welfare Officers, and one Welfare Assistant. This is an increase of one Mental Welfare Officer in the year, and is as recommended in the 10-year Development Plan.

In September, the Senior Mental Welfare Officer was seconded on salary to attend the full-time one-year Course in Social Work, leading to the Certificate in Social Work at the City of Liverpool College of Commerce.

Mental Health Referrals during 1965

Total Referrals

976 patients were referred to the Local Health Authority during 1965, a decrease of 90 in last year. It is difficult at this stage to account for this possibly significant decrease of about 9%. Figures for succeeding years should indicate whether there is a purely chance reduction or whether it represents some turning point in the emotional health of the community. Another possibility is that following the expansion of psychiatric services in the area over the last few years and the subsequent increase in referrals (from 612 in 1961, to 1,066 in 1964) a backlog of mentally disordered and emotionally disturbed people has been dealt with.

General Practitioners

General Practitioners referred 232 cases during the year, a decrease of 26. The remarks above may again apply here although General Practitioners continue to be encouraged to refer patients to Consultant Psychiatrists either at Out-patient Clinics or by requesting a domiciliary visit. The Consultant can then refer the case on to the Mental Welfare Officer if necessary. This is a much better procedure than the frequent previous practice of referring patients initially to the Mental Welfare Officer either for what amounted to a preliminary psychiatric assessment or for immediate admission to hospital without the Psychiatrist having an opportunity to consider other methods of treatment.

After-care on Discharge from hospital

210 referrals were made by hospitals on discharge from in-patient treatment, a decrease of 52 on 1964. The most important factor in this large decrease has probably been the development and re-building of the Psychiatric Social Work Department of Deva Hospital. This Department was extremely short staffed in 1964, but a vigorous Senior Psychiatric Social Worker has been appointed together with other new staff, and they are taking a more important part in the after-care of patients discharged from Deva and Moston Hospitals. So long as both the Local Health Authority Mental Health Service and the Psychiatric Social Worker Department of the hospital remain short staffed, and working at full stretch, there is little danger of over-lapping. However, sometime in the future when both have adequate staffs, it may become necessary to define more closely the respective areas of responsibility.

Other Sources

302 patients were referred by other sources, a figure very similar to 1964 when 311 people were so referred. Many of these patients were referred by Consultant Psychiatrists, a further substantial number were self-referred, that is, people already known to the Department contacting their individual Mental Welfare Officer for help.

General

Apart from the overall decrease already mentioned and the increased part played by the Psychiatric Social Workers Department at Deva Hospital, the pattern of referrals remains very similar to that of the last few years.

Admissions, Compulsory and Informal

There are two normal methods for admitting unwilling patients to hospital for observation. One is by means of the emergency procedure under the provision of Section 29 of the Mental Health Act, 1959, which requires a medical recommendation from only one Doctor, usually the General Practitioner. The other method is as laid down in Section 25 of the Act, which requires medical recom-

mendations from two Doctors. As one of these Doctors must have special experience in the diagnosis and treatment of mental disorder, the second procedure is obviously much to be preferred, being a safeguard against unnecessary compulsory admission and, also providing an opportunity for the second Doctor, usually a Psychiatrist, to consider the other forms of treatment at his disposal such as Out-patient treatment or attendance at a Day Hospital.

The Mental Health Act does not clearly lay down when the emergency procedure should be used and, there has consequently been some tendency in certain areas to interpret the term somewhat loosely. In Wallasey however, great efforts have been made over the past couple of years to use the emergency procedure as little as possible. Thus the number of emergency admissions (Section 29), has been reduced from 141 in 1963, to 103 in 1964, to 48 in 1965. This has not been easy as the anxieties raised in others by acute mental illness results in great pressure being applied to all concerned, in the admission to have the patient taken to hospital as soon as possible.

This continuing reduction in the use of Section 29 has of course, resulted in some increase in the use of Section 25, in fact from 16 admissions in 1963, to 48 in 1964, and to 63 in 1965.

In the use of the Admission for Treatment under Section 26 of the Act (a longer term measure for the compulsory admission and treatment of patients) there has been a notable decline from 26 in 1964 to 8 in 1965. This points firmly to an increased willingness on the part of patients to enter and/or remain in hospital and is borne out by the increase in the number of patients admitted informally from 269 in 1964, to 301 in 1965.

Overall the total number of patients admitted to hospital fell from 442 in 1964, to 422 in 1965. It would be encouraging to feel that the Local Health Authority community service has played a part in this gratifying reduction, but no valid conclusion can be drawn at this stage.

Community Care Prevention

There appears to be two ways of helping to prevent the development of serious and chronic mental illness. The first is by early detection and treatment; the second is more complex and involves the understanding and acceptance that certain situations and experiences can predispose a person to mental illness and emotional breakdown and therefore attempting to modify or prevent such situations and experiences.

The Mental Welfare Officers are involved in both these methods of prevention. His contact with large numbers of people in the community leads him to chance discovery of early cases of maladjustment which, in co-operation with the General Practitioner, he can either help himself or bring to the notice of the Psychiatrist. He also

tries to ensure that early cases referred by others working in the community are not allowed to develop into serious breakdowns but receive early attention. In the second method of prevention, the Mental Welfare Officer can help by trying to limit the effect one patient can have on his or her family.

For instance, certain mothers — often already patients — can, through disordered relationships with their children, have a deeply pathogenic effect on the children and if her relationship with them can be modified or improved, much later unhappiness and emotional disturbance can be prevented.

In prevention however, the mental health service must work in a background of constant health education designed to inform the community and those working within it of the broad principles involved in the satisfactory emotional development of children and explaining the danger signals which should lead people, their parents or their spouse, to seek help. In addition, this work has much common ground with many other Agencies — Child Care, Health Visitors, Midwives, Probation Service and the Child Guidance Clinic and co-operation with these services must be further developed. Mental illness should not be seen in isolation but also as a family breakdown.

After-care and Pre-care

Pre-care can be regarded as the care of the patient before his or her admission to hospital but after the initial request for help. The Mental Welfare Officer supports the patient and his family through this difficult period. One of the main characteristics of mental illness is the breakdown or impairment of relationships between the patient and those around him. Using Casework techniques the Mental Welfare Officer tries to ease these difficulties, accepting, understanding and explaining the feelings of guilt, rejection, unworthiness, insecurity, anxiety and depression which exist in and also around the patient.

Whenever possible, contact is maintained with the patient while he remains in hospital so that the Mental Welfare Officer-Patient relationship can be resumed with a minimum of difficulty when he is discharged.

In the After-care of patients many of the above remarks apply. In addition, the patient needs to become rehabilitated, needs to be able to settle down in the community again. Self esteem has to be cultivated, feelings of inadequacy need to be expressed and worked through. Prolonged hospital treatment in particular can lead to a loss of independence and an inability to make decisions. The Mental Welfare Officer, treating the patient with respect and avoiding making decisions for him, trying to help him feel a whole person with rights and dignity, helps him take his place as a full and self-respecting member of society.

All this work, however, is extremely time consuming. Many patients need months of frequent regular and lengthy interviews if any

real progress is to be made. Unfortunately this is often not possible. The demand on the time of Mental Welfare Officers is so great that much of the work is "first-aid" in nature — visiting at times of crises to admit to hospital, or to relieve immediate stress or to bring real but brief and transitory comfort.

"Chapel Hey" Mental Health Hostel

By the end of the year "Chapel Hey" Mental Health Hostel was nearing completion and the Superintendent and the Assistant Matron had been appointed and taken up their duties. This hostel will cater for mentally ill or emotionally disturbed people between the ages of 16 and 60 years, who have completed their course of treatment in hospital or who do not require the full support of hospital treatment. The aim of the hostel is rehabilitation, i.e. the fitting of residents for independent life in the community.

It is hoped to create a warm and as homelike an atmosphere as possible in which residents will be able to regain self-confidence, develop an ability to deal with the world, and learn something about how to make successful human relationships. This is an exciting development and being very much on the frontier of Local Health Authority experience, there is no real body of information to draw upon for guidance.

SUB-NORMAL AND SEVERELY SUB-NORMAL

The Local Authority Register of Subnormal and Severely Subnormal persons living in the community and being visited by Mental Welfare Officers at 31st December, 1965, showed the following:—

			<i>16 years and over</i>	
Males	.....	.....	58	
Females	.....	.....	50	Total — 108
			<i>Under 16 years</i>	
Males	.....	.....	25	
Females	.....	.....	23	Total — 48
TOTAL — 156				

These figures exclude all subnormal children of school age being dealt with by the Education Authority, many of whom will be referred later for help and supervision on leaving Claremount School for Educationally Subnormal. A number of these will doubtless be admitted to the Adult Training Centre either immediately on leaving school or later if they have failed to adjust satisfactorily or settle in outside employment.

The opening of this Centre has inevitably brought to light some cases which were previously concealed and in addition, referrals and requests for admission are now frequently received from such sources as the Employment Exchanges, Children's Department, General Practitioners, Consultants, etc.

Severely physically and very severely mentally handicapped persons are not suitable for admission to the Adult Training Centre, but will later be provided for in the Special Care Unit which forms part of the future development plan.

During the year, there were 28 new referrals from the Borough, transferred from other Authorities, and three on trial leave from hospitals. Three patients died, two left the district, and eight were admitted to hospital.

There were still ten awaiting admission to institutional care at 31st December, 1965, three of which were very urgent cases. To ease the period of waiting or give relatives a break, 23 admissions were made to temporary care involving 15 patients as under:—

16 years and Over				Under 16 years			
Males	.....	-----	6	Males	.....	-----	5
Females	.....	-----	3	Females	.....	-----	9

Despite the provision of additional hospital beds and the admission of eight persons during the year, the waiting list is virtually unchanged as six additional applications have been received. The practice of allocating beds for temporary care patients hinders the long-term admissions, but does at least enable a large number of families to benefit from temporary relief. In other cases relatives are often greatly relieved to find that their children actually benefit from periods of separation (Short-term Care) and this brings greater peace of mind and lessening of tension, particularly where relatives have been excessively worried about the future care of a handicapped member of the family.

Routine visiting continues as usual, but in addition it is possible to see many of the subnormal adults and juniors in the environment of the Training Centres where their behaviour often differs considerably from that to be witnessed in their own homes.

As far as the seniors are concerned, the past year has been largely one of adjustment but the trainee settled down in the Centre well and all managed to find their own way by public transport — a remarkable achievement and social advance for some of them. It is, however, unfortunately inevitable that special transport will later have to be provided when some of the less socially capable children are transferred from the Junior Training Centre.

All who see the work done at the Training Centres are amazed to find how capable many of these people are when given the training, encouragement and praise which is so essential to their progress and fulfilment. When their abilities and special problems are better understood, it is hoped that the tolerance needed to facilitate the integration into open industry will gradually become more widespread and many will be helped to become productive and self-supporting members of society.

MENTAL HEALTH ACT, 1959

Section 29 (Admission for emergency observations)

	Male	Female	Total
St. Catherine's Hospital Annexe	15	9	24
Deva Hospital	10	12	22
Moston Hospital	1	—	1
Victoria Central Hospital	1	—	1
	—	—	—
	27	21	48
	—	—	—

Section 25 (Admission for observation)

St. Catherine's Hospital Annexe	21	18	39
Deva Hospital	3	18	21
Moston Hospital	—	1	1
Cheadle Royal Hospital	—	1	1
Victoria Central Hospital	—	1	1
	—	—	—
	24	39	63
	—	—	—

Section 26 (Admission for Treatment)

St. Catherine's Hospital Annexe	—	1	1
Deva Hospital	4	2	6
Moston Hospital	—	1	1
	—	—	—
	4	4	8
	—	—	—

Section 60

Deva Hospital	1	—	1
Cranage Hall Hospital	—	1	1
	—	—	—
	1	1	2
	—	—	—

Informal Admission

St. Catherine's Hospital Annexe	36	88	124
Deva Hospital	20	55	75
Moston Hospital	12	46	58
Greaves Hall	12	8	20
Priory Day Hospital	3	13	16
Westminster House	3	—	3
Cheadle Royal Hospital	—	2	2
Kingwood Hospital, Frodsham	—	2	2
Rathbone Hospital, Liverpool	1	—	1
	—	—	—
	87	214	301
	—	—	—

Total Admissions

Informal	87	214	301
Compulsory	56	65	121
	—	—	—
	143	279	422
	—	—	—

MONTHLY STATISTICS — 1965

	Number of patients admitted to hospital		Number of patients visited		Number of visits	
	Informal	Compulsory	Total	Mentally Ill	Sub-normal	Total
January	32	9	41	179	93	272
February	16	5	21	144	61	205
March	28	7	35	154	42	196
April	29	12	41	155	56	211
May	22	9	31	167	49	214
June	26	6	32	152	42	194
July	20	12	32	131	12	143
August	23	12	35	133	54	187
September	26	21	47	144	41	185
October	27	12	39	140	42	182
November	25	11	36	147	38	185
December	27	5	32	121	24	145
Total	301	121	422	1,767	544	2,321
						4,069
					830	4,899

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1965

	Mentally Ill				Psychopathic				Sub-normal				Severely Under age 16				Sub-normal 16 and over				Grand Total of Columns (1)–(16) (17)
	Under age 16 M (1)	Under age 16 F (2)	16 and over M (3)	16 and over F (4)	Under age 16 M (5)	Under age 16 F (6)	16 and over M (7)	16 and over F (8)	Under age 16 M (9)	Under age 16 F (10)	16 and over M (11)	16 and over F (12)	Under age 16 M (13)	Under age 16 F (14)	16 and over M (15)	16 and over F (16)					
(a) General Practitioners	—	1	89	142	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	232
(b) Hospitals, on discharge from in-patient treatment	—	3	66	136	—	—	1	—	—	—	—	1	2	1	—	—	—	—	—	—	210
(c) Hospitals, after or during out-patient or day treatment	—	8	61	112	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	181
(d) Local Education Authorities	1	—	1	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	5
(e) Police and Courts	—	1	23	19	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	46
(f) Other Sources	1	1	101	179	—	—	—	—	—	—	3	7	4	4	—	—	2	—	—	—	302
(g) Total	2	14	341	588	—	—	3	—	1	—	3	9	8	5	—	—	2	—	—	—	976

Ministry of Health Circular 14/65 — Ten Year Plan for the Development of the Local Authority Health Services.

Development of Community Care.

It will be recalled that following the publication of the long term plan for the hospital service in January, 1962, the preparation of a similar long term view of the future of the Health and Welfare Services throughout the country was put in hand and summaries of the plans were placed before Parliament.

This emphasises that where illness or disability cannot be forestalled by preventive measures, care at home and in the community, rather than in hospital should always be the aim, except where there is a need for diagnosis, treatment, and care of a type which only a hospital can provide. This is true throughout the whole range of the health and welfare services, from ante-natal care to the provision made for old age; and it applies whether an illness or disability is physical or mental.

The plans cover a period of ten years and the Ministry of Health (in Circular 14/65) asked all authorities to review their proposals and to carry the plans forward so that the proposals for the decade are available.

The following is an extract of a Report which has now been published giving details of this Authority's proposals and also, for comparison, those relating to England and Wales as a whole:—

Wallasey C.B.C.

(Area: 9.3 sq. miles)

	1965	1971	1976
Population, all ages	103,090	108,000	111,800
Population, aged 65 and over	14,340	16,200	17,500

31.3.1965 31.3.1971 31.3.1976

I (a) Health and Welfare Premises and Places

	Premises	Places	Premises	Places	Premises	Places
Health centres	—	—	—	—	—	—
Maternity and child welfare clinics	6	—	6	—	6	—
Day nurseries	3	130	3	150	3	150
<i>For the mentally subnormal:</i>						
Adult training centres	1	50	1	50	1	50
Junior training centres	1	40	1	50	1	50
Adult hostels	—	—	—	—	—	—
Junior hostels	—	—	—	—	—	—
<i>For the mentally ill:</i>						
Workshops or occupational centres	—	—	—	—	—	—
Social centres or clubs	—	—	1	—	1	—
Hostels	—	—	1	36	1	36
<i>For the elderly (including the elderly mentally infirm):</i>						
Centres	—	—	—	—	—	—
Homes	6	206	10	370	12	446
Places in homes for persons aged 65 & over	—	189	—	350	—	426
Places in homes for persons aged under 65	—	17	—	20	—	20
<i>For the physically handicapped:</i>						
Centres	3	—	2	—	2	—
Homes	—	—	—	—	—	—
Places in homes for persons aged 65 & over	—	—	—	—	—	—
Places in homes for persons aged under 65	—	—	—	—	—	—
Premises for temporary accommodation	6	14†	4	8†	4	8†
Social centres/clubs for the mentally subnormal	—	—	1	—	1	—

I (b) Places for the Mentally Subnormal per 1,000 population

In adult training centres	0.49	0.46	0.45
In Junior training centres	0.39	0.46	0.45
In adult hostels	—	—	—
In junior hostels	—	—	—

I (c) Places in Homes* for Persons aged 65 and over per 1,000 population of that age group

13.2 21.6 24.3

I (d) Persons in Special Housing for the Elderly

Number of persons	41	115
Per 1,000 population aged 65 and over	2.9	7.1

†Number of families accommodated.

*Including homes for the elderly mentally infirm and homes for the physically handicapped.

II Domiciliary Services

Staff (whole-time equivalent)	31.12.1965		31.12.1970		31.12.1975	
	No.	No. per 1,000 pop'n	No.	No. per 1,000 pop'n	No.	No. per 1,000 pop'n.
Health visitors	11	0.11	13	0.12	15	0.13
Home helps	63	0.61	77	0.71	91	0.81
Home nurses	17	0.16	19	0.18	21	0.19
Midwives	7	0.07	7	0.06	7	0.06
Mental health social workers	4	0.04	5.5	0.05	5.6	0.05
Other social workers	7	0.07	7.5	0.07	8.4	0.08

III Ambulance Service

	31.3.1965	31.3.1971	31.3.1976
Stations	2	2	2
Ambulances	11	13	13
Staff (whole-time equivalent)	40.9*	42.9†	45.9°

IV Capital Building Programme

	1966-67 to 1970-71 £	1971-72 to 1975-76 £	Total 1966-67 to 1975-76 £
Health centres	—	—	—
Maternity and child welfare clinics	39,800	—	39,800
Day nurseries	67,500	—	67,500
<i>For the mentally subnormal:</i>			
Adult training centres	—	—	—
Junior training centres	85,920	—	85,920
Adult hostels	—	—	—
Junior hostels	—	—	—
<i>For the mentally ill:</i>			
Workshops or occupational centres	—	—	—
Social centres or clubs	—	—	—
Hostels	—	87,000	87,000
<i>For the elderly (including the elderly mentally infirm):</i>			
Centres	—	—	—
Homes	257,820	—	257,820
<i>For the physically handicapped:</i>			
Centres	—	—	—
Homes	—	—	—
Premises for temporary accommodation	—	—	—
Ambulance stations	—	—	—
Miscellaneous	12,200	—	12,200
TOTAL	463,240	87,000	550,240
*31.12.1965	†31.12.1970	°31.12.1975	

ENGLAND AND WALES

England and Wales

	1965	1971	1976
Population, all ages	47,762,800	50,246,000	52,361,300
Population, aged 65 and over	5,828,640	6,466,400	7,015,600

	31.3.1965		31.3.1971		31.3.1976	
I (a) Health and Welfare Premises and Places						
	Premises	Places	Premises	Places	Premises	Places
Health centres	36		230		284	
Maternity and child welfare clinics	6,452		6,576		6,686	
Day nurseries	451	21,526	495	24,548	519	26,119
<i>For the mentally subnormal:</i>						
Adult training centres	323	15,348	447	29,845	498	33,971
Junior training centres	386	18,770	447	27,061	469	28,493
Adult hostels	72	1,446	300	6,944	387	8,854
Junior hostels	50	900	129	2,219	158	2,706
<i>For the mentally ill:</i>						
Workshops or occupational centres	28	659	88	2,775	106	3,392
Social centres or clubs	162		249		282	
Hostels	41	831	189	3,609	259	4,966
<i>For the elderly (including the elderly mentally infirm):</i>						
Centres	115		303		429	
Homes	1,710	92,305	2,819	131,775	3,492	153,860
Places in homes or persons aged 65 & over		86,840		125,371		146,831
Places in homes for persons aged under 65		5,465		6,404		7,029
<i>For the physically handicapped:</i>						
Centres	1,384		1,605		1,702	
Homes	75	7,071	123	8,767	148	9,507
Places in homes for persons aged 65 & over		4,155		4,885		5,163
Places in homes for persons aged under 65		2,916		3,882		4,344
Premises for temporary accommodation	540	3,139†	782	3,363†	804	3,320†
<hr/>						
Social centres/clubs for the mentally subnormal	142		207		230	

I (b) Places for the Mentally Subnormal per 1,000 population

In adult training centres	0.32	0.59	0.65
In junior training centres	0.39	0.54	0.54
In adult hostels	0.03	0.14	0.17
In junior hostels	0.02	0.04	0.05

I (c) Places in Homes* for Persons aged 65 and over per 1,000 population of that age group

15.6 20.2 21.7

I (d) Persons in Special Housing for the Elderly

Number of persons	63,541	159,228
Per 1,000 population aged 65 and over	10.9	24.6

†Number of families accommodated.

*Including homes for the elderly mentally infirm and homes for the physically handicapped.

ENGLAND AND WALES

II Domiciliary Services

Staff (whole-time equivalent)	31.12.1965		31.12.1970		31.12.1975	
	No.	No. per 1,000 pop'n	No.	No. per 1,000 pop'n	No.	No. per 1,000 pop'n
Health visitors	5,846	0.12	7,936	0.16	8,942	0.17
Home helps	30,005	0.63	39,091	0.78	44,330	0.85
Home nurses	8,359	0.18	9,839	0.20	10,609	0.20
Midwives	5,643	0.12	6,352	0.13	6,604	0.13
Mental health social workers	1,606	0.03	2,358	0.05	2,625	0.05
Other social workers	2,398	0.05	3,360	0.07	3,778	0.07

III Ambulance Service

	31.3.1965	31.3.1971	31.3.1976
Stations	926	933	950
Ambulances	5,672	6,545	7,025
Staff (whole-time equivalent)	14,149*	16,481†	17,651°

IV Capital Building Programme

	1966-67 to 1970-71 £	1971-72 to 1975-76 £	Total 1966-67 to 1975-76 £
Health centres	11,577,964	3,120,650	14,698,614
Maternity and child welfare clinics	26,227,550	6,682,605	32,910,155
Day nurseries	7,065,670	2,452,675	9,518,345
<i>For the mentally subnormal:</i>			
Adult training centres	15,844,274	2,670,129	18,514,403
Junior training centres	8,128,905	1,391,018	9,519,923
Adult hostels	11,728,045	2,982,715	14,710,760
Junior hostels	3,052,694	1,364,150	4,416,844
<i>For the mentally ill:</i>			
Workshops or occupational centres	1,989,339	638,650	2,627,989
Social centres or clubs	798,160	393,150	1,191,310
Hostels	5,467,212	2,180,375	7,647,587
<i>For the elderly (including the elderly mentally infirm):</i>			
Centres	5,233,112	2,411,105	7,644,217
Homes	118,411,951	52,518,482	170,930,433
<i>For the physically handicapped:</i>			
Centres	9,966,354	2,849,280	12,815,634
Homes	5,331,270	965,000	6,296,270
Premises for temporary accommodation	3,241,680	198,500	3,440,180
Ambulance stations	9,411,627	2,946,310	12,357,937
Miscellaneous	12,100,468	4,270,545	16,371,013
TOTAL	255,576,275	90,035,339	345,611,614

*31.12.1965

†31.12.1970

°31.12.1975

TRAINING CENTRES FOR THE SUB-NORMAL AND SEVERELY SUB-NORMAL

(a) Junior Centre

The Junior Training Centre situated at 4 Hale Road, Wallasey, continued to accommodate mentally sub-normal children from the County Boroughs of Wallasey and Birkenhead.

On the opening of the Adult Centre several of the senior trainees transferred to the new Centre. Consequently, the numbers on the register of the Junior Centre as at 31st December, 1965 — 72 (Birkenhead 37: Wallasey 35) — were less than those at a comparable date in previous years.

Provision has been made in the capital building programme for the replacement at an early date, of the present buildings which have numerous shortcomings.

The holidays of the Centre correspond with those of the Junior Schools. Children are conveyed to and from the Centre by special buses.

Miss I. Macdonald, the Supervisor of the Centre, reports as follows:—

“The usual activities and handicrafts were carried out during the year and the children were taken in groups to various places of interest, shopping, etc.

Gymnastic and climbing equipment which was purchased during the year proved useful, and helps the children to gain self-confidence. Certain of the senior pupils were given instruction in the Initial Training Alphabet and later this may be extended to more junior pupils.

The Deputy Medical Officer of Health continued to make regular monthly visits of inspection to check on the health of those attending the Centre.

The staff comprises the Supervisor, Senior Assistant Supervisor and five Assistant Supervisors. The member of the staff who was seconded to the One Year Training Course organised by the National Association for Mental Health was awarded the Diploma and resumed her duties at the Centre during the year”.

(b) Adult Training Centre

The first trainees were admitted to the Centre in January, 1965, and was officially opened on Friday, 26th March, 1965, by the Rt. Hon. Kenneth Robinson, M.P. Minister of Health. The Centre caters for 100 male and female trainees.

Mr. F. Davies, Chief Training Officer, reports as follows:—

“The aim and purpose of the Training Centre is to provide daily occupation and training in various skills which might fit the trainees for useful work in local industry. The age group of the trainees range from 16 years of age and over. Attendance is from Monday to Friday inclusive, and an Incentive Pay Award is made weekly to the trainees.

The Training Centre operates as follows:—

Training Units

Work Sections

The Training Units provide instruction in the following skills: A. Social. B. Domestic. C. Industrial. D. Creative and Self-expression work. Conduct, discouragement of bad habits, pride in personal appearance, cleanliness, courtesy and willingness. Emergency 3 R's etc. An attempt to fit them for Society.

Trainees are taught individually or in small groups, so that adequate instruction can be given at regular intervals.

The Work Sections operate as follows:—

Work of a repetitive nature which is supplied by Local Industry is carried out in this section, and includes such tasks as:— packaging, assembling, polythene sealing, dismantling, and the manufacture of a number of wooden and metal articles.

Pre-employment Section

A pre-employment section has been opened in the Training Centre which is concerned with the training of young people who it is hoped will be found employment in the not too distant future. A special syllabus has been drawn up to cater for this particular section.

When a trainee becomes self supporting, or partially so, this attainment is probably the most significant achievement for him. It is often a major factor in his development towards personal independence, security and contentment.

Staff Meetings

These are held regularly each month, and Parent's evenings are now being established as an Annual event.

Trainees are provided with overalls, and other protective clothing, receive their awards in pay packets from the Treasurer's Department. Incentive schemes and “clocking on boards” are all a part of the training.

Youth Club

A Youth Club has been opened for recreational purposes, and is held on Tuesday of each week. The club is supported by a number of young people from surrounding districts who give of their time freely and assist in the management of the club.

Pantomime

The trainees took part in a Pantomime which was shown to more than 700 people during three nightly performances in January, 1966.

We have benefitted greatly from the generosity of the two societies of parents.

The Wallasey Society for Mentally Handicapped have kindly donated Green-house, Furniture for the flat in the housecraft section, and also a van for the purpose of transporting goods to local factories.

The Wirral Society for Mentally Handicapped Children have Player, Netball equipment, hair-dressing table, etc.

Support has also been given by the Gala Committee in the form of a Tape Recorder.

Sports Day

It is hoped to hold an Annual Sports Day in July, 1966.

PART IV

General Health Services, etc.

FOOD AND DRUGS ACT

A total of 388 samples of foods were obtained during the year. All milk samples were genuine. Ordinary milk averaged 3.5% of fat and 8.72% of non-fatty solids. For Channel Island milk the average was 4.84% of fat and 9.81% of non-fatty solids. All milk samples were free of any anti-biotic substances.

One informal sample of fish cakes was deficient in fish, but a further formal sample was genuine.

A sample of glucose contained small specks identified as minute particles of metal. The manufacturers withdrew the entire stock and carried out extensive checks which indicated it was an isolated case. Further samples were free of contamination.

Three samples of tomatoes carried traces of insecticide, but it was of such nature as to be easily removed by the cold water rinsing which would be normally carried out before use.

FERTILISERS AND FEEDING STUFFS ACT

14 Samples submitted for analysis complied with the requirements of the Act.

PHARMACY AND POISONS ACT

During the year the following applications were made:—

For registration	...	...	...	...	...	8
For re-registration	...	...	...	...	...	113
Samples submitted for analysis	...	...	...	...	...	4

CONTROL AND SUPERVISION OF MILK SUPPLIES

The progressive policies which have in the past been implemented in pursuit of disease eradication and improved standards of hygiene over methods of production and distribution have simplified many of the complexities which hitherto abounded in the control and supervision exercised over milk. The fact that bovine tuberculosis has been stamped out has been responsible for the ending of the very protracted investigations which inevitably followed when positive reports were received on the biological testing of samples, whilst the detection, removal and slaughter of the offending animal, or animals, was often achieved only after the completion of intricate routine diagnostic work.

Large scale pasteurisation and sterilisation obviates any possible risk of infection in milk, and other factors associated with production and processing have made significant advances of benefit to the health of the consumer. Pasteurised and sterilised milk forms the bulk of our daily liquid supplies, but farm bottled or 'untreated' milk is also available, being, as the description or designation implies, a raw milk derived frequently from the Channel Islands breeds.

A new grade of ultra heat treated milk is to be marketed. It will be processed at a high temperature and cartoned and sealed in sterile circumstances, and will have an indefinite keeping life without resort to storage under refrigeration. It is of interest to record that my Department was invited to comment, purely on the grounds of consumer choice and reaction, in respect of this new grade of milk, and whilst there was no uniformity in the opinions expressed by those who took part in this experiment, the observations were encouraging. It is understood that one of the long term policies of the Company engaged in this new venture in milk is the development of overseas and export markets.

Samples of liquid milk continue to be obtained and submitted for statutory testing in relation to keeping quality and, additionally in the case of untreated milk, to routine biological examination to ensure its continued freedom from tuberculosis infection. Testing is also carried out for the presence of any of the brucellosis group of organisms which are responsible for contagious abortion in cattle and undulant fever in man. In this connection, action is being urged by competent authorities for the introduction of a disease eradication plan on a national scale, aimed at the establishment of disease free herds, the milk from which would present no hazard to human health.

I am indebted to the Director and Staff at the Public Health Laboratory, Liverpool, for the laboratory work undertaken in connection with milk samples submitted by this Authority throughout the year, and for their help and assistance which is always available.

The following is a summary of sampling carried out during the year:—

Pasteurised Milk

No. of samples obtained ... 26

24 of which satisfied both the prescribed Methylene Blue and Phosphatase Tests.

2 of which failed the Methylene Blue Test.

Sterilised Milk

No. of samples obtained ... 3

each of which satisfied the prescribed Turbidity Test.

* 'Untreated' Milk — Farm Bottled or Cartoned Supplies comprising the milk of 9 Producers.

No. of samples obtained ... 15

4 of which failed the prescribed Statutory Methylene Blue Test.

Brucella Abortus

* — All samples were submitted to the Milk Ring Test for brucella abortus and to the animal inoculation test for tuberculosis. One

sample was reported positive to the Milk Ring Test. The dairy receiving this ex-farm supply arranged for the milk to be diverted for processing, i.e. for pasteurisation. In two samples involving the milk of the same producer, serological evidence of infection with Q fever was reported. The farm involved was not within the administration area of this Authority. Contact was made with the appropriate Health Authority, but it was not possible for positive action to be agreed which would allow for the sale of this milk only after pasteurisation. In three of the four instances referred to involving failure to the Methylene Blue Test, some doubt had arisen as to whether the consignment of milk from which the samples were obtained was at the time of sampling intended for retail sale.

Samples of milk were obtained from the following sources:—

Schools	6
Milk Vending Machines	3
Shop Premises	13
Milk Depots	22
Total number of samples submitted for Laboratory Testing	44

14 complaints were received involving milk supplies and milk products, including yogurt. These related to the alleged presence of extraneous matter or foreign bodies, taint and unwholesomeness in cartoned supplies made to a school and to a retail shop, alleged unclean receptacles, and failure to collect and remove used empty milk cartons from school premises. Visits and interviews took place with dairy managements and relevant communications were forwarded.

The Milk and Dairies (General) Regulations, 1959

The Milk (Special Designation) Regulations, 1963

All milk sold or distributed in the Borough comprises pre-packed supplies which means that the milk, after farm collection and delivery to the various processing establishments situated outside the Borough, is pasteurised, and immediately bottled or cartoned. It is then transferred to the milk depots and retail shops throughout the Borough where the sales and delivery service to the consumer forms the final link in the chain of retail distribution.

At the end of the year arrangements were being made for the renewal of all milk licences for the ensuing five-year period in accordance with the provisions contained in the relevant Regulations.

Milk Vessels

The increased use of non-returnable cartons continues to make impact in the day to day sales of liquid milk. There is little doubt that the advantages are many when compared with the use of the returnable glass bottle, of which the principal disadvantage is probably the continuous difficulty associated with collection and recovery and

Milk in Schools Scheme

Two dairy undertakings are responsible for making supplies to all of the schools in the Borough.

MEAT AND FOOD INSPECTION

Meat

Fish

Poultry

Canned Foods (meat etc.)

Canned							Meats (meat etc.)	
	Ham	...	...	...	...	...	27 cans	340 lbs
"	Pressed Ham	...	...	...	...	...	4 cans	16 lbs
"	Shoulder	...	...	...	...	...	22 cans	211 lbs
"	Sliced Cooked Shoulder	...	...	...	...	...	—	9lbs
"	Ox Tongue	...	...	...	...	...	14 cans	83 lbs
"	Corned Beef	...	...	...	...	...	14 cans	85 lbs
"	" "	(small)	...	...	...	...	14 cans	7½ lbs
"	Jellied Veal	...	...	...	...	...	12 cans	72 lbs
"	Pork Loin	...	...	...	...	...	30 cans	180 lbs
"	Pork (small)	...	...	...	...	...	10 cans	7½ lbs
"	Pork Luncheon Meat	...	...	...	...	...	4 cans	16 lbs
"	Pork Luncheon Meat	(small)	...	...	...	...	22 cans	17½ lbs
"	Chopped Pork	...	...	...	...	...	2 cans	8 lbs
"	Pork Roll	...	...	...	...	...	1 can	4 lbs
"	Minced Pork	...	...	...	...	...	1 can	4 lbs
"	Stewed Steak	...	...	...	...	...	24 cans	24 lbs-

Jams, Preserves, Fruit Pulp, etc.

Blackcurrant Pulp	...	...	...	...	...	17 cans	103 lbs
Black Cherries	...	...	...	...	...	1 can	6 lbs
Tomato Puree	1 can	6 lbs
Grapefruit	5 cans	33 lbs
Jams, etc.	20 cans	—

Fruit—Dried

Currants	—	38½ lbs
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***Packaged Frozen Foods**

All varieties, including hamburgers, steakettes, fish fillets, chicken portions, sausages, ready dinners, etc.	3,607 packages
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Miscellaneous Canned, Bottled and Packaged Foods ... 678 No.

Other Foods

Flour	—	83 lbs
Oats	...	...	...	...	...	...	...	—	2 lbs
Starch Reduced Rolls			...	...	...	...	27	boxes	—
Breakfast Cereals	...	...	...	...	...	...	6	boxes	—
Potato Crisps	...	...	...	...	...	...	3	packages	—
Butter	...	...	...	...	...	...	...	—	4 lbs
Cheese	...	...	...	...	...	...	...	14 tubs	—
Creamed Pudding	...	...	...	...	...	...	...	17 cans	—
Evaporated Milk	...	...	...	...	...	...	...	41 cans	—
Breakfast Fry	...	...	...	...	...	...	...	—	6 lbs
Meat Pies	...	...	...	...	...	...	...	8 No.	

*—Rendered unfit for retail sale owing to refrigeration failure at various food premises and shops.

109 consumer complaints were received involving a diverse range of foodstuffs, including alcoholic and non-alcoholic beverages. This figure reveals an increase of 33 over the number reported in the previous year and is the highest recorded. In 29 instances the complaints related to the alleged presence of foreign bodies or extraneous matter.

Complaints usually arise after the goods have been taken home by the purchaser and sometimes even when a meal is in the course of preparation or is being consumed.

The result is an irate and, at times, incensed purchaser often a mother or housewife whose immediate and natural reaction is to contact the Public Health Department as the authority responsible for enforcement. It must, however, be acknowledged that when most food trading organisations are involved, the greatest help and assistance is always afforded, to my Department when making any necessary inspections or enquiries.

All complaints received are fully investigated and visits, interviews and communications are necessitated. The instituting of legal proceedings under the relevant sections contained in the Food and Drugs Act, 1955, relating to the sale of unsound food was authorised in two cases, the defending Companies entering pleas of guilty. Fines totalling £50 were imposed. A Food Distributing Company was communicated with in respect of a breach of the provisions contained in the Food Hygiene Regulations by one of their employees relating to the use of tobacco. A verbal caution was issued to a shopkeeper concerning the placing of vegetables for sale on a street pavement. Other matters found in the course of inspection and requiring the

attention of the District Public Health Inspectors or of other departments were appropriately notified. All foodstuffs dealt with by the Department as unfit for human consumption was disposed of by burial.

259 visits were made in connection with the inspection of meat and other foods at the following premises in the Borough:—

Hospitals	...	...	...	...	...	...	8
Catering Establishments and Canteens	...	...	...	...	...	...	6
Supermarkets and Self-service Stores	...	...	...	...	...	...	21
Wholesale Food Distributors	...	...	...	...	...	...	11
School Kitchens	...	...	...	...	...	...	4
Food Manufacturing Premises	...	...	...	...	...	...	5
Hotels	...	...	...	...	...	...	9
Retail Food Shops	...	...	...	...	...	...	87
(including Butchers, Fishmongers and Poulterers)							
Private Residences	...	...	...	...	...	...	90
Other Premises	...	...	...	...	...	...	18
Total							259

WALLASEY LAIRAGES

Landing Place for Irish and Isle of Man Animals and Foreign Animals Landing Wharf

This year 25,594 store and fat cattle were accommodated and subsequently despatched by rail and road transport from the lairage at this landing place. This figure shows a decrease of 32,072 on the number of cattle landed in the previous year.

Of the animals detained by the Veterinary Inspectors, 21 were slaughtered, this being 31 less than the number slaughtered in 1964.

The use of this Port Slaughterhouse is confined exclusively to the slaughter of cattle in which, following disembarkation, evidence of illness or injury has been diagnosed by the Ministry's Veterinary Inspectors.

Post mortem examination of all carcasses, viscera and offal was carried out and the following is a tabulation of the diseased conditions met with and the condemnations made:—

Number killed	...	...	...	...	...	...	21
Number inspected	...	...	...	...	...	...	21

All diseases except Tuberculosis and Cysticerci

Whole carcasses condemned	...	...	...	...	1
Carcasses of which some part or organ was condemned	...	...	...	...	11
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	...	...	...	...	57.14%

Tuberculosis only

Whole carcasses condemned	...	...	...	...	Nil
Carcasses of which some part or organ was condemned	...	...	...	...	1
Percentage of the number inspected affected with tuberculosis	...	...	...	...	4.76%

Cysticercosis

Carcases of which some part or organ was condemned	1
Carcases submitted to treatment by refrigeration ...	1
Generalised and totally condemned	Nil

Total weight of meat and offal condemned

Meat	392 lbs
Offal	185 lbs

27 visits were made during the year to the slaughterhouse at this landing wharf.

PUBLIC HEALTH (SHELLFISH) REGULATIONS**Mussel and Cockle Beds — Moreton Leasowe and Wallasey Foreshore**

Shellfish from these layings continue to be gathered and, before being offered for human consumption, must be subjected to an approved process of sterilisation. This is in compliance with provisions contained in an order made by the Liverpool Port Health Authority under the Public Health (Shellfish) Regulations.

The sterilising plant used for this purpose is sited in the district of a neighbouring Authority in the Wirral Peninsula and, during the season, deals with the treatment of shellfish on a substantial scale, of which an appreciable quantity is collected by inshore men from areas beyond the limits of the local foreshore boundaries. Sterilisation is achieved by steam injection which ensures a reliable and economic means of attaining a high level of safety in shellfish supplies.

No reports of suspected illness or disease attributable to the consumption of shellfish obtained from these areas were received.

The Department acts in liaison with the Liverpool Port Health Authority, who are the enforcing Authority, on all relevant matters involving shellfish collection within the Borough.

MERCHANDISE MARKS ACT

Check visits and inspections were made for the purpose of ascertaining that meat and offal, etc., were correctly described on offer or on exposure for sale by retail.

DISEASES OF ANIMALS ACTS AND ORDERS
Notifiable Scheduled Diseases of Animals

Movement restrictions were imposed during the year by the Animal Health Division of the Ministry of Agriculture, Fisheries and Food for the purpose of controlling and preventing the spread of swine fever. The declaration of Swine Fever Infected Areas, included the County Borough, and involved the counties of Cheshire, Flintshire, Denbighshire and Shropshire, in which the movement of swine was authorised only under licence granted by an Inspector of the Local

Authority, and in certain cases only on a signed declaration made by the owner of the swine or his agent.

During the period of movement restrictions which extended from the end of April until mid-June and, in compliance with permanent Movement Regulations which require the licensing of all swine moved from markets and saleyards, the following movements were authorised and effected.

435 swine comprising fats, baconers and stores were moved from breeders' and feeders' premises in the Borough to slaughterhouses, bacon factories and other premises situated outside the Borough at Liverpool, Birkenhead, Wrexham, Stockport, Chester, Stafford, Caernarvon Merioneth and Cardiff. 580 stores were brought on to premises in the Borough from markets and saleyards and other premises situated at Shrewsbury, Montgomery, Birkenhead and Neston.

Visits were made to piggeries for the purpose of granting licences and to check on the isolation and detention of "bought-in" store pigs.

Visits were also made in connection with the licensing of a steam plant to be used at a piggery for processing swill in compliance with provisions contained in the Waste Food Order, 1957. The owner subsequently decided not to continue with the proposed installation and the project was abandoned.

All farm animals and poultry in the Borough have remained free from disease and no notifications were received relating to deaths or suspected illness. The Borough was not geographically included in any control measures which were introduced relating to foot and mouth disease or fowl pest.

The usual visits were made to grazing lands for the purpose of ascertaining that the animals were receiving care and attention and that no unnecessary suffering was being caused. 200 breeding ewes were wintered on these pastures preparatory to lambing and the owner, a Welsh farmer, takes a keen and active interest in their care and management.

The usual observations were made on inward vessels entering the Wallasey Docks system to ensure that no dogs, poultry, or hay or straw were being illegally carried for the purpose of being landed contrary to the Regulations which operate to prevent the introduction and spread of animal disease.

During the year the Ministry of Agriculture, Fisheries and Food approved part of the Port of Liverpool as a landing place for the purposes of the Importation of Canadian Cattle Order, 1933. This comprised the Wallasey Landing Stage, Runways and part of the Lairage. The motor vessel "Letitia" subsequently discharged, for breeding purposes a consignment of Canadian cattle at this approved landing place.

Letters, circulars and press notices relating to disease control and to new orders and regulations have been distributed and publicised during the year.

THE ANIMAL FEEDING MEAT AND THE MEAT STAINING REGULATIONS, 1959.

Visits and inspections were made to premises from which animal feeding meats are sold. This is to ensure that the animal feeding meat being offered for sale had been treated, processed or stained in the manner prescribed by the Regulations.

THE RIDING ESTABLISHMENTS ACT, 1964.

The Riding Establishments Act, 1964, became operative on the 1st April, 1965, under which the provisions contained in the Act of 1939 were revoked. In the new Act they were re-enacted providing additional powers to Local Authorities and requiring the licensing of all riding establishments within their district. The Act requires initial reports to be furnished by an appointed veterinary surgeon and the duties of administration and enforcement, which were hitherto performed by the Local Police Authority, are now the responsibility of the General Health Committee.

At the commencement of the Act there were four riding establishments in the Borough accommodating a total of 49 animals (41 donkeys and 8 ponies). One licence and three conditional licences were granted. The animals were subjected to initial and quarterly examination by the duly appointed veterinary surgeon, and his reports described the animals' individual condition as good, coupled with the general comment that they are well looked after. He describes the horses as suitable for children's riding and the donkeys for similar use on the beaches and foreshore.

Certain matters involving repairs and/or improvements to saddlery and stable accommodation have been requested.

During the year correspondence has passed between this Department and the British Horse Society in relation to the Riding Establishments Act.

THE CHILDREN ACT, 1948.

Children continue to be medically examined as soon as possible, after admission to the Children's Homes, and also before discharge, and the medical staff of the Public Health Department give advice whenever necessary.

TRAINING IN FIRST AID AND HOME NURSING. CIVIL DEFENCE ACT, 1948. C.D. (Training in Nursing) REGULATIONS, 1963.

In connection with these Regulations Local Authorities were required to organise courses in First Aid and Home Nursing with a view to disseminating essential information to the general public on

how to deal with casualties in the event of an attack on this country with nuclear weapons.

One such course was held at the British Red Cross Building in Penkett Road during the year, consisting of four lecture/demonstrations on First Aid and five lecture/demonstrations on Home Nursing. The First Aid lectures were given by the Deputy M.O.H., and a member of the Ambulance Staff. The Home Nursing lectures were given by the Superintendent Health Visitor, Mrs. Schofield. A member of the British Red Cross kindly came along to act as demonstrator. A total of 11 persons attended the course.

PART V

**Report of the Chief Public Health Inspector
on the
Environmental Health and Hygiene
of the Area.**

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE ENVIRONMENTAL HEALTH AND HYGIENE OF THE AREA.

I have pleasure in presenting my annual report on the work of the public health inspectorate during the year 1965.

Slum Clearance

The Wallasey (Clearance No. 114) Belle Vue Road Compulsory Purchases Order 1964 was confirmed without modification.

A public inquiry was held by a Ministry of Housing and Local Government inspector on the 9th March to deal with the objections received on The Wallasey (Clearance No. 119) Ashville Road, Compulsory Purchase Order 1964. The Order was confirmed without modification.

A public inquiry was held by a Ministry of Housing and Local Government inspector on the 25th May to deal with objections received under The Wallasey (Clearance No. 112) Wheatland Lane Compulsory Purchase Order 1964. This Order was confirmed with a minor modification.

Sutton Road C.P.O., Gresford Place C.P.O. and Beatrice St. C.P.O. were approved by the Council and await confirmation.

Four voluntary Undertakings to demolish and one Undertaking to close unfit houses were approved by the Council.

The year brings to a close the Council's second, five-year slum clearance programme. Over 1,100 houses have been included in Compulsory Purchase Orders, Clearance Orders, Demolition Orders and voluntary Undertakings to demolish or close during 1956-65 and during the same period, 851 families have been rehoused. During the year slum clearance programmes covering the years 1966-75 were approved by the Council.

Housing Act, 1961.

The procedure to bring houses in multiple occupation up to the required standard is protracted and time-consuming. Appointments are made with the owners of the properties and the extra facilities and improvements necessary to comply with the Act are thoroughly discussed. Notices are later issued specifying our requirements, which include the following:— provision of hot and cold water, washing facilities, cooking and food storage facilities, lighting, heating and provision of baths and sanitary accommodation.

Clean Air Act, 1956

The Wallasey (New Brighton) Smoke Control Order No. 10 came into operation on the 1st July, 1965. This is the first area to be completed where grants have been paid, for the installation of closed stoves, under-floor draught fires, gas fires and off peak electric storage heaters.

Objections were received from six householders to the proposed Wallasey (Breck Road) Smoke Control Order No. 11 and a public inquiry was held on the 9th November, 1965, at the Town Hall by an Inspector of the Ministry of Housing and Local Government. The Order had not been confirmed by the end of the year.

Offices, Shops and Railway Premises Act, 1963

This is the first full year of the administration of the above Act and I am pleased to report that just over 60% of the premises received a general inspection during the year. Contraventions were found at 87% of the premises inspected, confirming the need for good implementation of this long overdue legislation. Many premises did not comply with the temperature requirements, lighting was poor in many instances and there often appeared to be no consideration given to design of lighting schemes in relation to working conditions. Many premises were without hot water supply and lack of proper lighting and ventilation to w.c. apartments was continually found.

Guarding of potentially dangerous machinery has involved the department in many interviews and discussions with manufacturers and owners and it was found that problems in this connection were much more frequently encountered than had at first been envisaged. In some cases a really serious danger existed from appliances in every day use, but in these cases urgent action has been taken to secure satisfactory remedies.

Food Hygiene

Last year I was pleased to report a considerable increase in the number of inspections of food shops and catering premises. Total inspections during 1964 were 3,377, but during 1965 the total number was only 2,154. This decrease was due to the following:—

- (1) this year initial inspections under the Offices, Shops and Railway Premises Act and routine inspections under the Food Hygiene Regulations have been carried out simultaneously by the District Inspectors, and therefore each visit has taken considerably more of their time;
- (2) for the major part of 1964 the department was short of only one Inspector, whereas in 1965 the shortage was three District Inspectors for three months of the year and two for six months.

I am pleased to report that during the last three months of the year the section was fully staffed.

Noise Abatement

Nine complaints were received concerning noise nuisances. Two referred to the noise from go-kart racing, four to noise from industrial premises, one concerning a taxi hire premises, one of a barking dog and one regarding a noisy neighbour.

Staff

One member of the inspectorial staff left to take up another appointment and three new district inspectors commenced duty on the 1st October. One extra pupil inspector was appointed, bringing the establishment of pupils to three. Mr. G. Jones, the senior pupil, qualified in December and as there was no vacancy on the staff at that time, Mr. Jones applied for and obtained a post with the Hillingdon London Borough Council.

May I again express my appreciation for the support received from the Chairman and members of the General Health Committee and from Dr. Hall, Medical Officer of Health. My thanks are also due to my colleagues in other departments for their co-operation and to my Deputy, Mr. Shaw, for his ever willing help and assistance during his first full year in Wallasey. Lastly may I thank all the inspectors, technical assistants and clerical staff for their efforts and work throughout the year.

Abatement of Nuisances

The nuisance provisions of the Public Health Act have again been the mainstay for the remedying of defects at dwellinghouses. Complaints during the year numbered 2,512 as compared with 2,200 in 1964. 21,743 visits were made to dwellinghouses, 833 preliminary and 512 statutory notices were served during the year. Below is a summary of the defects remedied.

Dwelling Houses

	<i>Nuisances Abated</i>			
Roofs repaired	274
Gutters and Spouts repaired or renewed	206
External walls and chimneys repaired	115
Damp Proof courses provided	42
Yards paved or repaired	40
Internal walls and ceilings repaired	145
Doors, Windows, repaired or renewed	91
Floors repaired or renewed	51
Rooms, passages, etc., cleansed or redecorated	3
Staircases, handrails repaired,	1
Fireplaces, stoves, flues, repaired or renewed	17
Sinks, baths, washbasins, repaired or renewed	25
Food stores provided, or improved	Nil
Water supply improved or reinstated	50
W.C.'s cleansed or redecorated	6
W.C.'s repaired or provided	126
Soil/waste pipes, repaired or renewed	32
Drains cleansed from obstruction	82
Drains repaired or improved	20
Drainer boards repaired or renewed,	4
Miscellaneous Improvements effected	46
				<hr/>
			Total ...	1,376
				<hr/>

General Environmental Public Health Nuisances Abated

					Notices Abated
Removal of Offensive Accumulations ...	...	...	...	...	18
Cleansing of Ditches and Streams ...	...	...	...	...	—
Cinemas, Dance Halls: Contraventions ...	...	...	...	...	—
Schools: W.C.'s — Repairs and Renewals ...	...	...	...	...	—
Schools: Other Nuisances ...	...	...	...	...	—
Other Improvements effected ...	...	...	...	...	2
Public Conveniences Improved ...	...	...	...	...	3
Total ...					23

Total Number of Notices Served (All Acts)

					Served	Abated
Preliminary ...	...	...	...	...	1136	889
Statutory ...	...	...	...	...	1170	1048
					2306	1937

Legal Proceedings (Cases heard)

No. of Nuisance Orders applied for ...	...	...	...	...	Nil
No. of Nuisance Orders obtained ...	...	...	...	...	Nil
Total amount of fines and costs ...	...	...	...	...	Nil

No. OF FOOD BUSINESSES EXISTING WITHIN THE BOROUGH AT 31st December, 1965

Classification according to the areas administered by the District Public Health Inspectors

Type	Seacombe	Egremont	Poulton	Liscard	New Brighton	Wallasey Village	Moreton	Total
School Kitchens and Canteens	10	8	4	7	7	5	11	52
Local Authority Hostels								
Nurseries, etc.	1	2	—	3	3	—	3	12
Other Local Authority Premises	1	1	—	1	2	1	3	9
Grocers	12	32	16	16	18	16	19	129
Cafes	9	4	1	2	76	4	4	100
Greengrocers	11	21	14	20	11	18	15	110
Confectioners and Bakehouses	6	8	9	10	7	12	11	63
Sweets	15	32	17	26	36	26	26	78
Butchers	12	12	8	15	7	11	14	79
Fried Fish	10	6	3	7	10	1	8	45
Shellfish and Refreshment Stalls	—	—	—	—	28	—	4	32
General	23	7	7	27	15	6	11	96
Food Preparing Premises ..	3	—	2	2	4	2	1	14
Wet Fish	4	6	2	5	3	3	3	26
Chemists and Druggists ..	6	7	5	6	4	6	6	40
Club Premises and Canteens ..	11	6	3	12	8	11	12	63
Licensed Premises	19	11	8	23	27	13	14	115
Miscellaneous	—	2	1	3	—	—	—	6
Supermarkets	2	1	1	1	1	10	6	22
TOTALS	155	166	101	186	267	145	171	1191

FOOD AND DRUGS ACT, 1955: FOOD HYGIENE

Food Premises

No. of Visits to All Premises 2,154

Viz.—

(a) Cafes, etc.	...	...	...	...	...	349
(b) School Meals	...	...	...	...	...	50
(c) Other F.P.P.	...	...	...	...	...	174
(d) Licensed Premises	...	...	...	...	...	246
(e) Ice Cream: (Visits re Registration)	...	...	...	...	...	18
" " Manufacturing Premises	...	...	...	...	...	26
" " Sales and Storage Premises	...	...	...	...	...	521
(f) Food Shops	...	...	...	...	...	1,421
(g) Sec. 16b Premises	...	...	...	...	...	110

Work Carried out under Food Hygiene Regulations

Food Premises

Premises cleansed or repaired	...	...	...	...	90
Equipment cleansed or repaired	...	...	...	...	25
Hot, cold water supply provided or improved	...	...	...	...	27
Sinks, washbasins provided or improved	...	...	...	...	28
Food storage facilities provided or improved	...	...	...	...	8
Personal hygiene improved	...	...	...	...	7
Sanitary accommodation cleansed, repaired or improved	...	...	...	...	27
Miscellaneous improvements effected	...	...	...	...	62
Total					274

Registered Food Premises

The Minister of Health has requested that a classification of registered premises be included in this report. The required information is as follows:—

List of Registered Food Premises, 1965

		No. of Premises	No. of Visits
Section 16 (a) Food and Drugs Act, 1955	...	600	565
Section 16 (b) Food and Drugs Act, 1955	...	173	110
Total		773	675

(N.B.—A classification of the types of premises registered under section 16 (a) is given in the part of the report dealing with ice cream).

Summary of Types of Food Premises Registered under section 16 (b) Food and Drugs Act, 1955

Bakehouses, Meat Pies	...	...	...	...	...	46
Meat Pies and Cooked Meats	...	...	...	...	...	19
Butchers, Sausages	...	...	...	...	...	51
Sausages and Cooked Meats	...	...	...	...	...	26
Grocers, Potted Meats	...	...	...	...	...	2
Boiled Hams	...	...	...	...	...	9
Cooked Meat Factories	...	...	...	...	...	2
Other Premises, Meat Pies	...	...	...	...	...	4
Chicken Roasting	...	...	...	...	...	14

Bacteriological Sampling (Food)

34 samples of cooked meats were obtained for routine bacteriological examination. There is no bacteriological standard for this type of food but where results were not satisfactory in the view of the Department follow-up visits were made to highlight routine cleaning and handling methods for this type of food. Six samples of shellfish were taken, all of which proved satisfactory.

CONTROL OF ICE CREAM PREMISES

129 samples of ice cream were subjected to the methylene blue test — 6 of them were placed in Grade 3 and 28 in Grade 4 — the “unsatisfactory” grades. 70 samples were taken from eleven Wallasey manufacturers, six of which failed to reach the standard suggested by the Minister. Fifty-nine samples were taken of ice cream manufactured outside the borough and 3 of these were placed in Grade 3 and 25 in Grade 4. A summary of the gradings is given in succeeding pages. 565 inspections of ice cream premises were made, 18 of the visits being in respect of new registrations to sell ice cream.

ICE CREAM STATISTICS — RELATIVE TO THE YEAR 1965

Registrations Approved during 1965

Sale and Storage	...	...	...	...	...	2
Manufacture, Sale and Storage	...	...	...	...	...	2
						—
Total	...	...	...	...	...	4

Registrations Refused	...	...	...	...	...	2
Registrations Cancelled	...	...	...	...	...	Nil

Number of Premises on Register at close of Year

Storage only	...	...	...	...	...	4
Storage and Sale	...	...	...	...	...	583
Manufacture, Storage and Sale	...	...	...	...	...	13
						—
Total	...	...	...	...	...	600

ICE CREAM SAMPLING, 1965

Classification of Samples by Location of Manufacturer

Ice Cream Manufactured in Wallasey

	No. of Samples
Grade 1	56
Grade 2	8
Grade 3	3
Grade 4	3

Total ... 70

Ice Cream Manufactured outside Wallasey

	No. of Samples
Grade 1	26
Grade 2	5
Grade 3	3
Grade 4	25

Total ... 59

Sampling during the year was mainly concentrated on "soft" ice cream, two thirds of the samples being of this type. The manufacture of soft ice cream (viz. the freezing) is completed in a machine either in the shop or vehicle and sale takes place directly from the freezer. Strict attention to hygiene is necessary to give a bacteriologically sound product and unsatisfactory results have been obtained from certain manufacturers located outside the borough. The only instance of an unsatisfactory grading from a Wallasey manufacturer was found to be due to defects in the equipment rather than lack of hygiene, and these were quickly rectified. The remaining third of the samples were of the type of ice cream generally classified as "hard" and in the main, these proved to be satisfactory. Of the eight manufacturers involved, only two showed unsatisfactory results. All this type of ice cream is manufactured outside the Borough.

In all cases of unsatisfactory results from manufacturers whose premises were outside the borough the local Public Health Inspectors were contacted and follow-up visits were made by them to locate and eliminate the cause of the poor gradings. Close co-operation between local authority staffs is essential when dealing with mobile trading of this type and it is my view that licensing of such traders, with powers to withdraw the licence should unsatisfactory conditions apply, would assist Inspectors in the control of this particular commodity.

Result classified according to identity of Manufacturer

Ice Cream sampled at point of sale within the
County Borough District of Wallasey during 1965

Factories outside Wallasey—Table I.

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards	
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory
1	1	1	—	—	—	Not classified	*
2	14	5	2	3	4	*	
3	8	6	2	—	—	Not classified	*
4	2	2	—	—	—	Not classified	
5	7	4	—	—	3		
6	2	1	1	—	—	Not classified	
7	2	2	—	—	—	Not classified	
8	15	—	—	—	15		*
9	1	—	—	—	1	Not classified	
10	1	—	—	—	1	Not classified	
11	1	1	—	—	—	Not classified	
12	1	1	—	—	—	Not classified	
13	4	3	—	—	1		*
	59	26 (44%)	5 (8%)	3 (5%)	25 (43%)		

Factories located in Wallasey—Table II.

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards	
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory
1	7	4	2	1	—	*	
2	7	7	—	—	—	*	
3	10	10	—	—	—	*	
4	6	5	1	—	—	*	
5	6	6	—	—	—	*	
6	23	16	2	2	3		*
7	4	4	—	—	—	*	
8	2	—	2	—	—	Not classified	
9	2	2	—	—	—	Not classified	
10	2	2	—	—	—	Not classified	
11	1	—	1	—	—	Not classified	
	70	56 (80%)	8 (12%)	3 (4%)	3 (4%)		

- NOTES —1. Figures in parenthesis denote percentages.
2. The indication "Not classified" in the Grading Columns of the above Tables occurs where insufficient samples have been taken.

The Liquid Egg (Pasteurisation) Regulations, 1963.

Number of egg pasteurisation plants in the district	...	...	Nil
Number of samples of liquid egg submitted to the Alpha-Amylase test and their results	.....	.....	9

All samples satisfied the Alpha-Amylase test and Salmonella organisms were absent in all cases.

ADMINISTRATION OF THE SHOPS ACT, 1950.

The number of routine visits to shops was 837 and 22 reinspections were made to secure abatement of the contraventions summarised in the following table.

Nature of Contraventions remedied

Notices and documents provided	17
--------------------------------	-----	-----	-----	-----	----

Hours of Employment

Contraventions detected and remedied	—
--------------------------------------	-----	-----	-----	-----	---

Hours of Closing and Sunday trading

Number of contraventions noted	...	...	...	...	—
Number of warnings issued	...	...	...	...	—
Number of Prosecutions instituted	...	...	...	...	—
Cases proved	...	...	...	...	—
Cases dismissed	...	...	...	...	—

HOUSING

Rent Act, 1957

PART I: Applications for Certificates of Disrepair

(1) Number of applications for certificates	...	...	...	15
(2) Number of decisions not to issue certificates	...	...	...	'Nil
(3) Number of decisions to issue certificates—				
(a) in respect of some but not all defects	...	...	...	6
(b) in respect of all defects	...	...	...	9
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	7
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	.....	.....	.....	Nil
(6) Number of Certificates issued	...	...	...	6

PART II: Applications for Cancellation of Certificates

(7) Applications by Landlords to Local Authority for cancellation of certificates	...	...	...	...	'Nil
(8) Objections by tenants to cancellation of certificates	...	...	...	...	Nil
(9) Decisions by Local Authority to cancel in spite of tenants' objection	...	...	...	...	Nil
(10) Certificates cancelled by Local Authority	...	...	...	...	'Nil

Clearance and Demolition of Unfit Houses

Work continued during the year on the clearance of the houses in the Council's second five-year programme. The procedure is protracted, involving detailed inspection, the serving of notices and, where objections are lodged, the conducting of a public local inquiry by an inspector of the Ministry of Housing and Local Government. The following orders, etc., were made during the year:—

The Wallasey (Clearance No. 120) Sutton Road Compulsory Purchase Order, 1965

25-43 Sutton Road

The Wallasey (Clearance No. 121) Gresford Place (Clearance No. 122) King Street (Clearance No. 123) Guildford Street Compulsory Purchase Order, 1965

25-43 King Street
1-15 Rice Lane
2-24 Guildford Street
3-19 Whitford Terrace
2-30 Gresford Place
1-39 Gresford Place
6-10 Union Street

The Wallasey (Clearance No. 124) Platt Street, Beatrice Street Leopold Street Compulsory Purchase Order, 1965

3- 9 Platt Street
4-12 Platt Street
2-10 Beatrice Street
5- 9 Beatrice Street
2-10 Leopold Street

Two orders were the subject of local Public Inquiries and details of these are shown below.

The Wallasey (Clearance No. 112) Wheatland Lane Compulsory Purchase Order, 1964

164-178 and 175-177 Wheatland Lane
1-25 and 2-10 Lily Grove
3-9 and 2 Tuilp Grove
26-40 Bridle Road
12-32 Hawthorne Grove

This order was subsequently confirmed with a minor modification.

The Wallasey (Clearance No. 119) Ashville Road Compulsory Purchase Order, 1964

4-102 Ashville Road

This order was confirmed without modification.

No objections were received to the undermentioned order and it was confirmed, without modification:—

The Wallasey (Clearance No. 114) Belle Vue Road Compulsory Purchase Order, 1964

4-16 Belle Vue Road

Demolition Orders :—

None.

Demolition by Voluntary Undertakings :—

24 Meadowbrook Road.

7 Broster Avenue.

"Turvey Villa", Ditton Lane.

17 Stuart Avenue.

Closure by Voluntary Undertaking :—

179 Poulton Road.

Closing Order :—

None.

Progress Report of Action under Housing Acts, 1930-1961

Position as at 31st December, 1965.

	No. of dwelling houses demolished		Number of persons displaced
	Unfit	Other	
(1) Land coloured "pink"	1404	—	3778
(2) Land coloured "grey"	—	33	90

HOUSING ACT, 1957

Unfit Houses not included in Clearance Areas

	Number of houses	Number of persons displaced
(1) Housing Act, 1957:—		
(a) Houses demolished as a result of formal or informal procedure under Sec. 17 (1) ...	519	1546
(b) Local Authority owned houses subject to certificates of unfitness	45	98
(c) Houses closed in pursuance of an undertaking given by the owners under Sec. 17 ...	20	60
(d) Parts of buildings closed (Sec. 18)	24	51
(e) Houses made fit:—		
(i) as a result of formal notices under Sec. 9 to 12	416	—
(ii) as a result of informal notices preliminary to formal procedure under Secs. 9 to 12 ...	603	—
(f) Closing Orders made under Section 17 ...	13	19
(g) Demolition Orders determined and Closing Orders substituted under Section 26	—	—
(h) Demolition Orders quashed under Section 24 ...	—	—

Houses in Multiple Occupation

The survey of houses of this type was continued during the year, when 26 houses were inspected. In each case an interview with the owner at the house was arranged and the requirements of the Housing Act, 1961, were explained and discussed. The Fire Prevention Officer and Building Inspector were present at these meetings. The houses surveyed comprised 71 apartments which were occupied by 163 persons. 27 Statutory Notices were served under Section 15 of the Housing Act, 1961. Three of the houses inspected required no works to be executed, and in one case the necessary work was completed without service of a notice.

The following table indicates the deficiencies existing in the apartments inspected:—

Natural and artificial lighting	...	...	...	...	6
Ventilation	...	...	...	...	5
Water Supply:—					
Hot	...	...	...	...	30
Cold	...	...	...	...	15
Personal washing facilities	...	...	...	...	2
Drainage	...	...	...	...	3
Sanitary conveniences	...	...	...	...	2
Facilities for: storage of food	...	...	...	...	61
preparation of food	...	...	...	...	1
cooking of food	...	...	...	...	5
Installations for space heating	...	...	...	...	15

During the year eight houses ceased to be let in multi-occupation and in 10 houses the work specified in Statutory Notices was completed.

The work under this Act involved 687 visits to sub-let apartments.

Overcrowding and Allocation of Tenancies

The Council continued to operate its Group-plus-Points Scheme for re-housing. Re-housing of families from unfit houses remains outside the points scheme. The following summary shows the shares of lettings now in force.

Overcrowded, tenants, and sub-tenants)	
and not overcrowded sub-tenants	)	85%
Health	...	12%
Emergency	...	3%

All overcrowding cases must have been overcrowded for at least one year to obtain the extra points allocated for overcrowding.

During the year, the housing circumstances of 390 families were investigated in connection with housing applications, 203 of these as a result of applications for inclusion in the Overcrowded group. 99 families were found to be overcrowded for the purposes of the points scheme, which employs a standard better than that of the Housing Act.

Applications for rehousing on health grounds showed a decrease of 42 on the previous year, 187 applications were considered and these are analysed below. It is only possible for the most urgent cases to be recommended for rehousing, and only 33 applicants in this class received the approval of the Medical Officer of Health. In 9 of these instances, the illness giving rise to the need of rehousing was pulmonary tuberculosis. The bulk of the applications came from persons suffering from old age, arthritis, heart disease and high blood pressure. These cases all require ground floor accommodation.

Housing Applications, 1965

Analysis of 390 families investigated as a result of references from Housing Department.

			Not Over- crowded Points Scheme	Applications on Medical Grounds			
				Tuberculosis		Other Cases	
	Overcrowded Housing Act, 1936	Points Scheme		Approved	Rejected	Approved	Rejected
Ten- ants	9	28	62	4	13	14	73
Sub- Ten'ts living in r'ms	24	71	42	5	4	10	64
Totals	33	99	104	9	17	24	137

Provision of New Houses

The Borough Architect has provided the following report on the provision of new housing accommodation:—

	During 1965	Post-War Period incl. 1965	In Progress 31/12/65
Houses erected by private enterprise ...	115	2216	137
Units of accommodation erected by Local Authority under Housing Acts	215	4489	506
Tenant Ownership Houses erected by Local Authority	—	174	—

INSPECTION OF FACTORIES

The number of factories on the register at the end of the year was 246. 311 visits were made. An abstract of the results of these inspections in the form required by the Minister of Labour is as follows:—

Administration of the Factories Act, 1961.
Inspections for Purposes of Provisions as to Health.

Premises	No. on Register	Number of		
		Inspections	Written Notices*	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced	32	8	—	—
Factories not included in above in which Section 7 is enforced by the Local Authority	181	258	30	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers, premises) ...	33	45	—	—
Totals	246	311	30	—

In addition 4 verbal notices were given to occupiers regarding various matters.

in which defects were found

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Deficiency of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Inadequate drainage of floors (S.6)	—	—	—	—	—
Lack of Conveniences (S.7):—					
Insufficient	—	—	—	—	—
Unsuitable or defective	70	61	—	17	—
Not separate for sexes	—	—	—	—	—
Offences against the Act including offences relating to outwork)	—	—	—	—	—
Totals	70	61	—	17	—

Outwork

Wearing apparel-making, etc.	Number of outworkers in Aug.	
	list required by section 133 ...	2
	Visits made	2

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The Offices Shops and Railway Premises Annual Reports Order, 1964, prescribes certain statistics to be contained in Local Authorities' Annual Reports. These are to be found in Table III. Some further detail has been recorded by the department with a view to indicating the actual environmental conditions found on inspection and this can be found in Table IV.

In 1965, it was found possible to bring the District Public Health Inspectors progressively on to the work and this, together with the fact that towards the end of the year the staffing position of the department was improved, resulted in very satisfactory progress. Just over 60% of registered premises received a general inspection during the year.

ENFORCEMENT OF THE ACT

General

Of the 673 premises receiving a general inspection, contraventions were found at 587. Where contraventions are found informal notices specifying the infringement are served on the persons concerned. At 284 of the premises where such notification had been given all the specified contraventions have now been remedied. In many of the remaining premises some of the contraventions have been remedied and other matters are in hand. In some cases difficulty has been experienced in obtaining suitable contractors and this has caused delay. On the whole, occupiers have accepted the fact that the requirements are necessary and are taking steps to comply within a reasonable period. Some resentment is, of course, experienced, mainly due to the cost involved in complying. This particularly applies to the small business where the cost is a proportionately higher burden on the business.

It is still apparent that some occupiers are not fully aware of the implications of the Act and have made no effort to familiarise themselves with its provisions, despite publicity and the publication of the general guide.

Cleanliness (Section 4)

191 contraventions were found with regard to cleanliness. These were invariably in rear rooms and stock rooms of shops other than food shops (which have been controlled under the Food, Hygiene Regulations) and in small offices.

In many of these premises no regular cleaning routines were followed. Dimly lit, cluttered stock rooms appeared to be the accepted thing in many shops and these conditions make cleaning of the rooms very difficult.

Overcrowding (Section 5)

Only a few cases of overcrowding in offices were found. These were not so overcrowded as to cause risk of injury to health, but did not reach the minimum standard based upon area and cubic capacity laid down by the Act. The occupiers therefore have a period of grace (until 1967) to adjust the staff/space ratio. Examination of plans for proposed offices revealed several instances where new rooms would have been erected which were inadequate in size for the numbers of staff envisaged.

Temperature (Section 6)

Temperatures in offices, particularly the larger offices, were satisfactory. It was noticeable that many large offices, open to the general public, e.g. banks, insurances offices, achieved the required temperature without difficulty. The small one-or-two-employee office sometimes fell short of the statutory temperature. Shops of all sizes, on the other hand, were in many cases well below the statutory temperature and many objections were made to the maintenance of a temperature of 16°C (60.8°F), the majority from the smaller businesses. Underlying the objections is primarily the cost of heating the premises. Butchers' and fishmongers' premises were frequently found to have no means of heating available.

A true picture of the lack of suitable heating is not yet available as the great majority of inspections are carried out (a) in climatic conditions where outside temperatures are not particularly low and (b) several hours after employees have started work.

It would seem that an accurate assessment can only be made by specially concentrated inspection at suitable times and this is being considered.

Ventilation (Section 7)

In most cases *provision* was made for the effective ventilation of the premises, but in many cases the means provided had been allowed to fall into disrepair (i.e. opening windows jammed, etc.). The bulk of contraventions therefore referred to the non-maintenance of means of ventilation. In some cases, however, increased means of ventilation were considered necessary, particular examples being:—

- (a) betting shops, where crowded rooms and smoky atmospheres were commonly encountered;
- (d) ladies' hairdressers, where solutions used, together with warm moist air from dryers often gave unsatisfactory conditions.

Lighting (Section 8)

It is only in modern shops and offices that lighting can be said to be really effective and in many of these the photometer shows big variations in light at different working positions. The worst lit rooms are usually stock rooms and store rooms. Some smaller shops are also very badly lit, especially when relying on bare tungsten lamps. Passages to rear rooms and staircases are very often inadequately lighted. Many employees are quite unaware that their working positions are not well lighted, having been accustomed to poor standards over a period. In several such instances employees have commented to the Inspector on the degree of improvement effected.

The Ministry of Labour requested Local Authorities to submit a special report on Lighting Standards relating to the last three months of the year. The report was to cover general impressions of existing lighting standards, examples of unsatisfactory lighting, standards recommended and instances of excessive glare. Measurement of

illumination in offices and shops was requested relating to inspections carried out in the month of November and this information is tabulated in Table I.

Taking into consideration the safety and welfare of employees, in addition to the criterion of visual performance, the minimum standard recommended for working areas is 15 lumens per square foot, even though the visual demands of the occupation might be satisfied by lower values.

Sanitary Conveniences (Section 9)

Few places were found without sanitary conveniences. In the majority of premises sufficient conveniences were provided. In food premises the bulk of contraventions comprised a lack of provision of artificial light to external w.c. compartments, whilst in other types of shops and in some offices cleaning and decoration was often also found to be necessary. Inadequate ventilation of inside w.c.'s, particularly with regard to any intervening space, was also a common contravention in offices and non-food shops.

It is unfortunate that "permanent ventilation" is not specified in the Act with regard to w.c. compartments and ventilated lobbies, as in many cases windows which were the only means of ventilation were found to be closed and in some cases jammed. Efforts have been made, so far successfully, to persuade all occupiers to provide permanent ventilation.

Washing Facilities (Section 10)

171 premises were found to have unsatisfactory washing arrangements, the biggest percentage being the absence of hot water. In some of the bigger stores separate accommodation for the sexes was not provided. On several visits it was found that absence of hot water was due to employees neglecting to switch on the appliances provided for their use by the employer. This non-use of equipment specifically fitted for the benefit of the staff aggravates resistance by employers to the provision of facilities.

Drinking Water (Section 11)

Most premises have drinking water from a mains supply, but unfortunately in many cases this is from a tap over a wash basin provided adjacent to the w.c. accommodation. This is undesirable as the tap can be so easily contaminated from persons washing hands after using the toilet. The installation of drinking fountains, or a separate tap, is encouraged.

Accommodation for Clothing (Section 12)

Storage was not a major problem; in most instances suitable facilities were provided, it not being necessary to enclose the clothing as in food premises.

Special drying facilities were non-existent in premises inspected, although in most cases a warm room (e.g. a staff room) was available where clothes could be hung to dry. Heating in these rooms would, however, not normally be provided in the summer months.

Seating (Sections 13 and 14)

Two instances of unsuitable chairs used with books and ledgers to raise the seat height were found in offices. In other offices seats for sedentary workers were found that had unpadded wooden seats and unsuitable back rests. In one new office folding wooden chairs had been provided which are, of course, designed only for occasional use and are unsuitable in every way for sedentary workers.

A number of shops did not comply with seats for employees in the ratio of 1 to 3.

Facilities for Eating (Section 15)

A few premises were found to have unsatisfactory eating facilities but in the majority of premises meals were taken off the premises.

Floors, Passages and Stairs (Section 16)

Worn floor coverings were frequently encountered in all types of premises and this accounts for many of the contraventions listed. Passages and stairs were invariably found to be the most neglected portion of the premises. In shops particularly they were frequently obstructed by storage of goods and cleansing was very infrequent. In two instances it was found that the only way to gain access to the w.c. was by climbing over goods in the passage.

Trap door entrances to beer cellars behind the bars in public houses of the older type were found to be a problem, owing to the confined space available for any improvements. Discussions have taken place with representatives of local breweries in an effort to find a suitable solution to this undoubted hazard.

Fencing of Machinery (Section 17)

The most common contraventions were the lack of suitable guards to the fan blades and V belts of refrigerator motors in shops. Although these were mainly on top of large refrigerators, there is a habit of storing infrequently required materials in this position and unguarded motors starting up in response to the thermostat could cause accidents.

Slicing machines have been shown to cause many accidents and a good percentage of older machines are not at present guarded to our complete satisfaction, but action is being taken to secure suitable improvements. Employees have been found to be at fault by not using guards provided and have been observed on a number of occasions using gravity feed machines without the pusher guard. The attention of management is drawn to such cases and the general responsibilities regarding accidents are explained as routine.

Accidents (Section 48)

Under the Act it is compulsory for an occupier to notify an accident occurring on his premises if it results in the injured person being absent from work for three days or more. Notified accidents have increased progressively in each quarter of the year and this may be due to more employers becoming aware of their responsibilities under the Act. 29 accidents were reported during the year and all were investigated; none proved fatal.

An analysis of notified accidents is set out below. It is of interest to note that slightly more than 55% of accidents were due to falls.

Class of Workplace	Adults 18 and Over		Young Persons Under 18		Total
	Males	Females	Males	Females	
Offices	—	—	—	—	—
Retail Shops	4	11	6	5	26
Wholesale Shops & Warehouses	—	1	—	—	1
Catering Establishments ...	—	1	1	—	2

Causes:—

Falls

(a) on stairs	4
(b) on or from ladders	3
(c) from stationary vehicles	1
(d) tripping over stationary objects	2
(e) slipping	6
<i>Dropping objects whilst handling</i>	7
Struck by falling objects	1
<i>Injuries due to cutting equipment</i>	
(a) slicing machines	2
(b) knives	2
Burns	1

In four of the above cases it was considered necessary to give formal warnings to the occupier. Five informal warnings were also given.

TABLE I

REPORT ON OFFICE AND SHOP LIGHTING
NOVEMBER, 1965.

No. of offices at which light readings were taken ... 39
No. of working positions at which light readings taken ... 132
Offices

Lumens per Square Foot

5 and under	1
6 to 10	18
11 to 15	22
16 to 25	41
Over 25	50

Only 7 of these offices complied at all working points with the Illuminating Engineering Society recommendations.

Shops

Shops		Workrooms		Kitchens		Stockroom		Stairs & Passages		Lumens per square foot
59 visits		29 visits		3 visits		27 visits		20 visits		
No. of Readings	Results	No. of Readings	Results	No. of Readings	Results	No. of Readings	Results	No. of Readings	Results	
139		51		6		95		37		
1-5	10		4		1		34		15	
6-10	22		19		2		29		14	
11-15	10		8		—		9		2	
16-25	43		8		2		15		4	
25+	54		12		1		8		2	

TABLE II.

Class of Premises	No. of premises registered during the year	Total No. of registered premises at the end of year	No. of premises receiving general inspection during the year
Offices	24	184	166
Retail Shops	60	800	460
Wholesale Shops ...	2	12	5
Catering Establishments ...	—	96	42
Fuel Storage Depots	1	2	—
Total	87	1094	673

No. of visits of all kinds by Inspectors to registered premises ... 1342

Class of Workplace	No. of persons employed
Offices	874
Retail Shops	2966
Wholesale Depts., Warehouses	54
Catering Establishments—open to the public	890
Canteens	4
Fuel Storage Depôts	9
Total	4797
Total Males	1478
Total Females	3319

Exemptions and Prosecutions

No exemptions were granted or prosecutions instituted during the year.

Inspectors

All the Public Health Inspectors are appointed under the Act; only 1 of these, however, devotes the whole of his time to the Act, a further 7 Inspectors carrying out inspections in addition to their other duties.

TABLE III

PREMISES AT WHICH CONTRAVENTIONS FOUND

Class of Premises									
Offices	...	...	...	...	...	...	...	...	137
Retail Shops	...	...	...	...	...	...	...	...	405
Wholesale Shops and Warehouses	...	...	...	...	...	...	...	...	5
Catering Establishments and Canteens	...	...	...	...	...	...	...	...	40
Fuel Storage Depots	...	...	...	...	...	...	...	...	—
Total									587

PREMISES AT WHICH ALL CONTRAVENTIONS REMEDIED

Offices	...	...	...	...	...	...	...	96
Retail Shops	...	...	...	...	...	...	...	179
Wholesale Shops and Warehouses	...	...	...	...	...	...	...	1
Catering Establishments and Canteens	...	...	...	...	...	...	...	8
Fuel Storage Depots	...	...	...	...	...	...	...	—
Total								284

DETAILS OF CONTRAVENTIONS FOUND

Unregistered (after verbal warning)	...	...	...	...	...	...	...	2
Cleanliness	...	...	...	...	...	...	...	191
Overcrowding	...	...	...	...	...	...	...	6
Temperature	...	...	...	...	...	...	...	387
Ventilation	...	...	...	...	...	...	...	143
Lighting	...	...	...	...	...	...	...	48
Sanitary accommodation	...	...	...	...	...	...	...	336
Washing Facilities	...	...	...	...	...	...	...	171
Drinking Water	...	...	...	...	...	...	...	11
Clothing accommodation	...	...	...	...	...	...	...	20
Seating	...	...	...	...	...	...	...	29
Eating facilities	...	...	...	...	...	...	...	12
Floors, passages, stairs	...	...	...	...	...	...	...	176
Safety and operation of machinery	...	...	...	...	...	...	...	39
Noise and vibration	...	...	...	...	...	...	...	—
First aid facilities	...	...	...	...	...	...	...	348
Abstracts	...	...	...	...	...	...	...	325
Total								2,244

NOISE NUISANCES

Nine complaints of noise nuisances under the Noise Abatement Act, 1960, were received during the year; these related to the following:—

(1) Industrial premises	...	...	...	4
(2) Commercial premises	...	...	...	1
(3) Go-kart racing	...	...	...	2
(4) Barking dogs	...	...	...	1
(5) Domestic	...	...	...	1

1. Industrial Premises

(a) *Noise from boiler plant* — this arose from the “blowing down” of large boilers and blowing of steam pipes at a large works. The times of these operations were often in the early hours, thus aggravating the problem. The management of the works is co-operating fully and the various outlets are being “silenced” by passing the exhaust steam through water baths and if necessary by the building of a baffle wall. Repairs to piping should eliminate the difficulty with blow down which seems unlikely to be the main source of complaint. These various works are proceeding or in hand at the present time.

(b) *Twenty-four hour transportation of oil* — the use of a weigh bridge adjacent to houses in connection with a twenty-four hour oil transportation service to the Midlands resulted in complaints from the residents. These were found to be justified. Large road tankers were weighed empty, then fully loaded, resulting on some occasions in 16 visits to the weigh bridge between 10-30 p.m. and 2-30 a.m. Representations were made to the Company and the night working was discontinued.

(c) *Panel beating* — the operation of a car body repair shop close to houses resulted in one complaint. The occupier of the premises was interviewed and no further complaints were received.

(d) *Pump to boiler plant* — the operation of a pump to a newly installed boiler plant resulted in complaint from a neighbour, but in this instance the noise was insufficient to justify action by this department.

2. Commercial Premises

This complaint arose as a result of the operation of a day and night taxi service. Revision of parking areas resulted in the abatement of the nuisance.

3. Go Kart Racing

Five go-kart race meetings were held at the New Brighton Tower grounds during the year. An inspector was present at each meeting and the club concerned co-operated by excluding or modifying all machines with inefficient silencers.

The remaining complaints were domestic in origin and a visit by the inspector resolved them.

WATER SUPPLY

The water supply for the Borough is obtained from the Wirral Water Board whose Head Office is at 69 Allport Road, Bromborough.

Quantity

The total consumption of water in the town area was 4,251,000 gallons per day of which 3,180,000 was for domestic purposes and 1,071,000 gallons for industry and commerce.

Source and Treatment

Water for Wallasey is obtained from three sources — a bulk supply from Lake Alwen, a supply from the River Dee works and the remainder from deep boreholes within the Borough.

The borehole water is softened by the base exchange process and chlorinated. The Alwen bulk supply is treated before delivery. This treatment includes coagulation, filtration, pH correction and chloramine dosing. The River Dee supply receives similar treatment except that sterilisation is by superchlorination and dechlorination. Activated carbon treatment is used as necessary to control tastes. All new mains are treated with a solution of chlorine by means of a portable chlorinator. There are no houses in the Borough without a piped supply, but six bungalows at "Castlefields," Leasowe Road, are supplied by means of a standpipe.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION

116 samples were submitted to bacteriological examination by the Wirral Water Board, all of which were satisfactory. 104 samples were submitted to routine chemical analysis by the Wirral Water Board.

Details of a typical chemical analysis are given below.

The water supply of the area has been satisfactory, both as to quality and quantity. Waters were wholesome, clear and odourless. Iron was present in trace quantities occasionally. The water is not plumbo-solvent.

On the last occasion that analysis was made for fluoride the content for all sources was less than 0.1 parts per million.

SUMMARY OF CHEMICAL ANALYSIS RESULTS FOR 1965

	A	B
pH	7.8	6.9
Colour (Hazen)	5	less than 5
Conductivity as Micromhos/cm ³ @ 20°C	215	570
Turbidity as Silica less than	2	less than 2
Free Carbon Dioxide	2	7
Alkalinity as CaCO ₃	45	71
Permanent Hardness as CaCO ₃	15	69
Total Hardness as CaCO ₃	60	140
Calcium Hardness as CaCO ₃	42	83
Magnesium Hardness as CaCO ₃	18	57
Oxygen absorbed from Permanganate in 4-hrs. @ 27°C	1.4	0.8
Free and Saline Ammonia	0.12	0.07
Albuminoid Ammonia	0.10	0.06
Nitrite Nitrogen less than	0.01	less than 0.01
Nitrate Nitrogen	0.7	1.2
Phosphate as P ₂ O ₅ less than	0.02	0.06
Silicate as SiO ₂	4	7
Chloride as Cl	23	117
Manganese as Mn	0.07	0.06
Iron as Fe	0.07	0.06
Aluminium as Al	0.27	—

All results in parts per million where applicable.

A—Water supplied in Poulton, Seacombe, Moreton and Leasowe.

B—Water supplied in Wallasey, New Brighton and Liscard.

The Public Health Inspectors take random samples for bacteriological examination throughout the year and samples are taken in all cases of complaint. The results of these samples are as follows:

(i) Boreholes at Seaview Road.

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	13	19	18
1—5	4	—	1
6—10	—	—	—
11—20	—	—	—
21—50	1	—	—
Over 50	1	—	—
	19	19	19

(ii) Random Distribution Points within the Town Area.

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	23	46	44
1—5	19	—	1
6—10	2	—	—
11—20	1	—	—
21—50	—	—	1
Over 50	1	—	—
	46	46	46

(iii) Random Distribution Points within the Moreton Area.

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	15	26	26
1—5	9	—	—
6—10	2	—	—
11—20	—	—	—
21—50	—	—	—
	26	26	26

Samples of water supplies were taken by Public Health Inspectors and submitted for full chemical analysis. The results were as follows:—

Town Area

Analytical results expressed in parts per million:—

Total solid matter in solution	...	...	...	...	161.6
Oxygen required to oxidise in 15 minutes	...	...	...	...	0.76
4 hours	...	...	...	...	1.40
Ammoniacal Nitrogen as N.	...	...	...	...	0.01
Albuminoid nitrogen as N.	...	...	...	...	0.08
Nitrous nitrogen as N.	...	...	...	...	None
Nitric Nitrogen as N.	.....	.....	.....	.....	None
Combined Chlorine	...	...	...	...	26.4
Total Hardness	...	...	...	...	352.0
Hardness (Carbonate)	...	...	...	...	45.0
Hardness (Non-Carbonate)	...	...	...	...	307.0
pH Value	...	...	...	...	7.7
Iron in solution	...	...	...	...	None

The water was pale yellow and clear. It gave a slight deposit which include mineral particles, hydroxides of iron and infuseria.

The water is quite suitable for drinking and domestic purposes.

SEWERAGE AND DRAINAGE

House Drainage

Visits by public health inspectors	...	...	...	...	591
Drains cleansed from obstruction after service of notice	...				82
Drains repaired or renewed	...	...	...	...	20
Drain Tests	...	...	...	...	118

The following sewerage works have been carried out during the year 1965:—

240 yards of 21" diameter sewer have been laid in Orchard Road, Moreton.

The improvements in the Wallasey Village area have been completed.

The report by independent consultants on the future drainage of the Moreton area has been approved by the Council. The report recommends the construction of a long sea outfall and this will be shared with three other Local Authorities who have also approved the report.

A detailed scheme is now in the course of preparation.

RODENT CONTROL

Sewer Maintenance Treatment

Two routine sewer maintenance treatments were again carried out using zinc phosphide and arsenic as the rodenticides. Prior to the first routine treatment utilising zinc phosphide a 10% test baiting of 621 manholes was undertaken. Takes were recorded at 66 manholes. 298 manholes were baited as a result of the test, when 53 takes were recorded.

The second routine treatment involved baiting 311 manholes with bread mash and arsenic. 21 complete and 5 partial takes were recorded.

Surface Infestations

During the year 659 complaints of surface infestation by rats or mice were received compared with 616 in 1964. Details of the inspections and treatments carried out are given below in the form required by the Ministry of Agriculture, Fisheries and Food. 640 separate treatments were carried out at 561 premises by rodent operatives of the Public Health Department. 491 of these premises were treated once in the year, while reinfestation involving two treatments occurred in 61 premises; three treatments were required at 9 premises. Warfarin has come to be accepted as the basic rat poison and was used in all treatments by council rodent operatives.

		TYPE OF PROPERTY				
		Non-Agricultural				(5) Agricultural
		(1) Local Authority	(2) Dwelling Houses (inc. C'ncil Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1), (2) and (3)	
I	Number of properties in Local Authority's Dis- trict (See Notes 1 and 2)	600	32,497	3,384	36,481	50
II	Total number of pro- perties inspected as a result of notification (see Note 3)	56	513	87	656	3
	Number of such pro- perties found to be infested by:—					
	Common rat } Major	—	—	—	—	—
	} Minor	15	127	19	161	2
	Ship rat } Major	—	—	—	—	—
	} Minor	—	—	—	—	—
	House mouse } Major	—	—	—	—	—
	} Minor	24	249	52	325	—
III	Total number of pro- perties inspected in the course of Survey under the Act	2	199	14	215	—
	Number of such pro- perties found to be infested by:—					
	Common rat } Major	—	—	—	—	—
	} Minor	1	49	1	51	—
	Ship rat } Major	—	—	—	—	—
	} Minor	—	—	—	—	—
	House mouse } Major	—	—	—	—	—
	} Minor	—	29	2	31	—

IV	Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose) ..	Nil	Nil	1	1	Nil
	Number of such properties found to be infested by:—	}	}	Figures included in II and III		
	Common rat } Major					
	} Minor					
	Ship rat } Major					
	} Minor					
	House mouse } Major					
	} Minor					
V	Total inspections carried out including re-inspections	523	3,820	853	5,196	3
VI	Number of infested properties (in Sections II, III and IV) treated by the L.A.	40	450	69	559	2
VII	Total treatments carried out including re-treatments	49	504	85	638	2

NOTES.

Note 1. A property means a property separately entered in the valuation Roll for the area.

Note 2. Council houses are included under Dwelling Houses. Premises used by Local Authority for purposes of trade are included under Business or Industrial Premises. Sewers are not included.

Only properties devoted to agricultural or horticultural production are included under Agricultural Properties. Combined dwelling and business premises, where occupied by the same person are included under Business Premises, otherwise they are entered separately.

Note 3. II, III & IV relate to the number of properties inspected as defined in Note 1 and not to the number of inspections, infestations or treatment at each property.

PUBLIC HEALTH CONTROL OF SWIMMING POOLS

Swimming facilities in Wallasey include the indoor baths at Guinea Gap, the outdoor pools at New Brighton and Harrison Drive. In each case, sea water is used, the water being pumped from the River Mersey for Guinea Gap Baths, from the Marine Lake for New Brighton Pool and from the Irish Sea for the Derby Bathing Pool. During operation, the swimming water undergoes a constant filtration process utilising Bell's Gravity Filters and modern chlorination equipment is used to ensure a safe and sterile water. The turnover period at Guinea Gap is once every three hours and at the two outdoor pools once every five hours. Guinea Gap Baths remain open for public use throughout the year and the water is heated; the two outdoor pools are only in use during the summer months and the water is not heated.

49 visits of inspection were made to the Council's swimming baths by public health inspectors. Tests for residual chlorine are made on each visit. Samples for bacteriological examination numbered 91.

At Guinea Gap No. 1 bath the average result was 0.90 parts per million at the inlet and 0.6 parts per million at the outlet. The corresponding averages of tests at the No. 2. bath were 0.7 and 0.5 parts per million.

The maintenance of residual chlorine in the open air pools at New Brighton and Harrison Drive is more difficult. At New Brighton pool the average inlet contents showed 0.5 parts per million with 0.3 at the outlet. At Derby Pool the average residual chlorine was in excess of 1 part per million at the inlet reducing to less than 0.2 at the outlet of the pool.

In late June two portable teaching pools were installed at a school within the district. The intention was for four schools to share the use of the pools, thus allowing a bathing load of 1,000 to 1,300 children each week. The pools were used on the "fill and empty" system with manual chlorination. Close supervision was exercised by public health inspectors at the request of the headmaster and it was found necessary to carry out frequent testing and chlorination of the pools, due to the high bathing load and small volume of water. A programme was laid down which was strictly adhered to by the school, although this was far in excess of the amount of attention which had been suggested as necessary by the manufacturers. The time the pool was in use was limited to about one month.

Derby Pool

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	5	8	8
1—5	5	2	2
6—10	—	—	—
11—20	—	—	—
21—50	—	—	—
Over 50	—	—	—
	10	10	10

New Brighton Pool

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	8	11	9
1—5	4	1	3
6—10	—	—	—
11—20	—	—	—
21—50	—	—	—
Over 50	—	—	—
	12	12	12

Guinea Gap Baths

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	35	66	62
1—5	21	3	7
6—10	4	—	—
11—20	3	—	—
21—50	5	—	—
Over 50	1	—	—
	69	69	69

Lingham Lane School

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	—	3	2
1—5	1	1	1
6—10	1	—	1
11—20	1	—	—
21—50	1	—	—
Over 50	—	—	—
	4	4	4

Chemical Examination — Specimen Analysis

Analytical results expressed in parts per million:—

Total solid matter in solution	...	...	...	2.46%
Oxygen required, to oxidise in 15 minutes	...	...	...	0.24
4 hours	...	...	...	0.36
Albuminoid nitrogen as N.	...	...	...	0.09
Ammoniacal nitrogen as N.	...	...	...	None
Nitrous nitrogen as N.	...	...	...	None
Nitric nitrogen as N.	...	...	...	None
Combined chlorine	...	...	...	1.28%
Hardness: Carbonate	...	...	...	205
Non-Carbonate	...	...	...	4095
Total	...	...	...	4300
pH Value	...	...	...	6.9

This water is quite satisfactory for bathing purposes.

AIR POLLUTION

Summary of Observations and Visits

Clean Air:

Industrial Observations — Formal	...	...	...	12
Industrial Observations — Informal	...	...	...	181
Industrial Visits	...	...	...	26
Domestic Observations	...	...	...	212
Domestic Visits	...	...	...	105
Other Visits to Smoke Control Areas	...	...	...	3,364
Other Visits to Proposed Smoke Control Areas	...	...	...	5,322
Visits to Volumetric Instruments	...	...	...	1,001

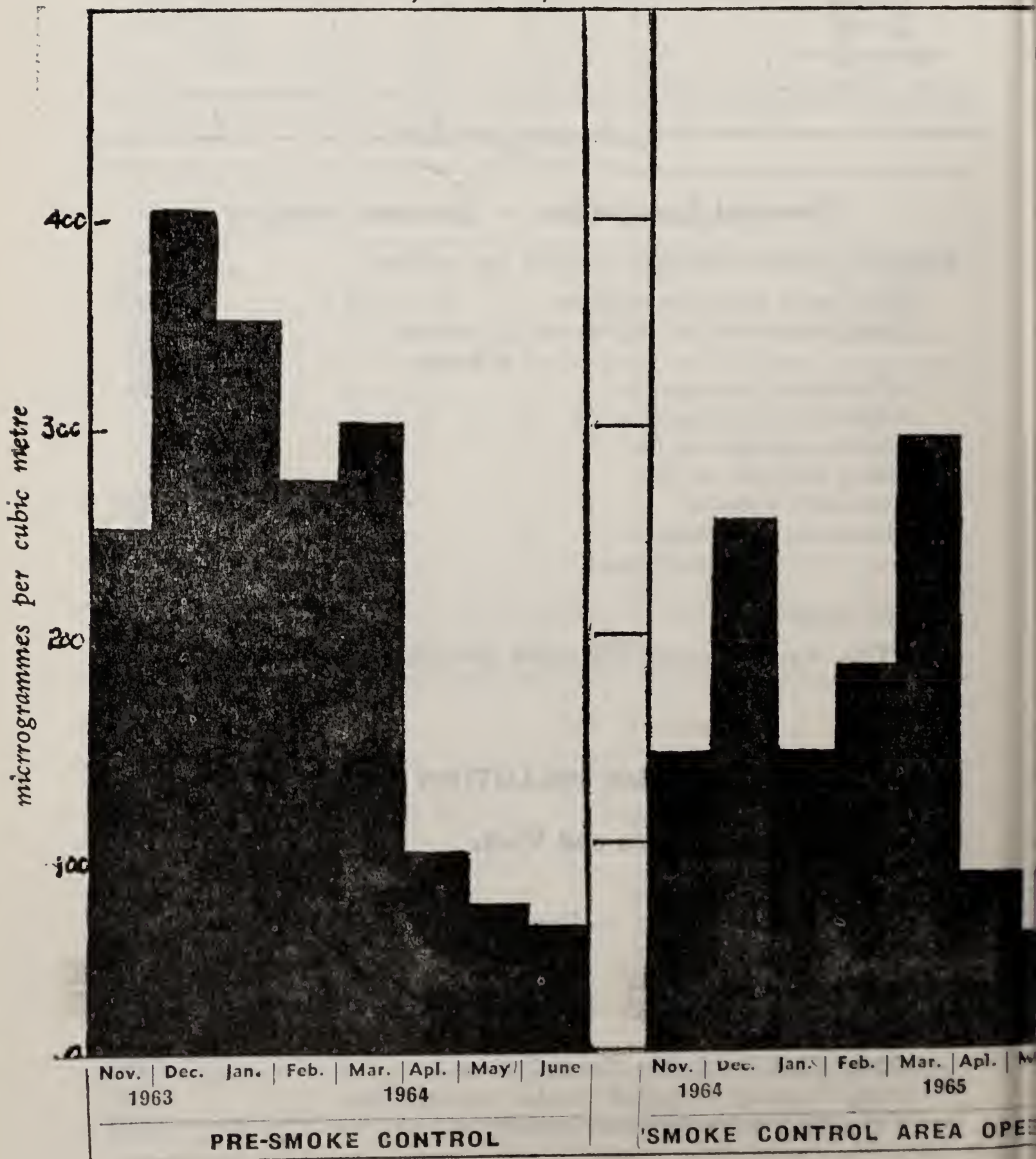
Measurement of Air Pollution

Four volumetric smoke and sulphur dioxide instruments continued to be operated by the inspectorate. These are situated at the Eastway Day Nursery, Moreton; Fire Station, Liscard; Water Department, Seaview Road and Gorsedale Road School, Seacombe. The department's measurements are used in the national survey of air pollution.

It was interesting to compare the results of the Seacombe instrument, which is in an operative smoke control area, with results obtained from the same site before smoke control.

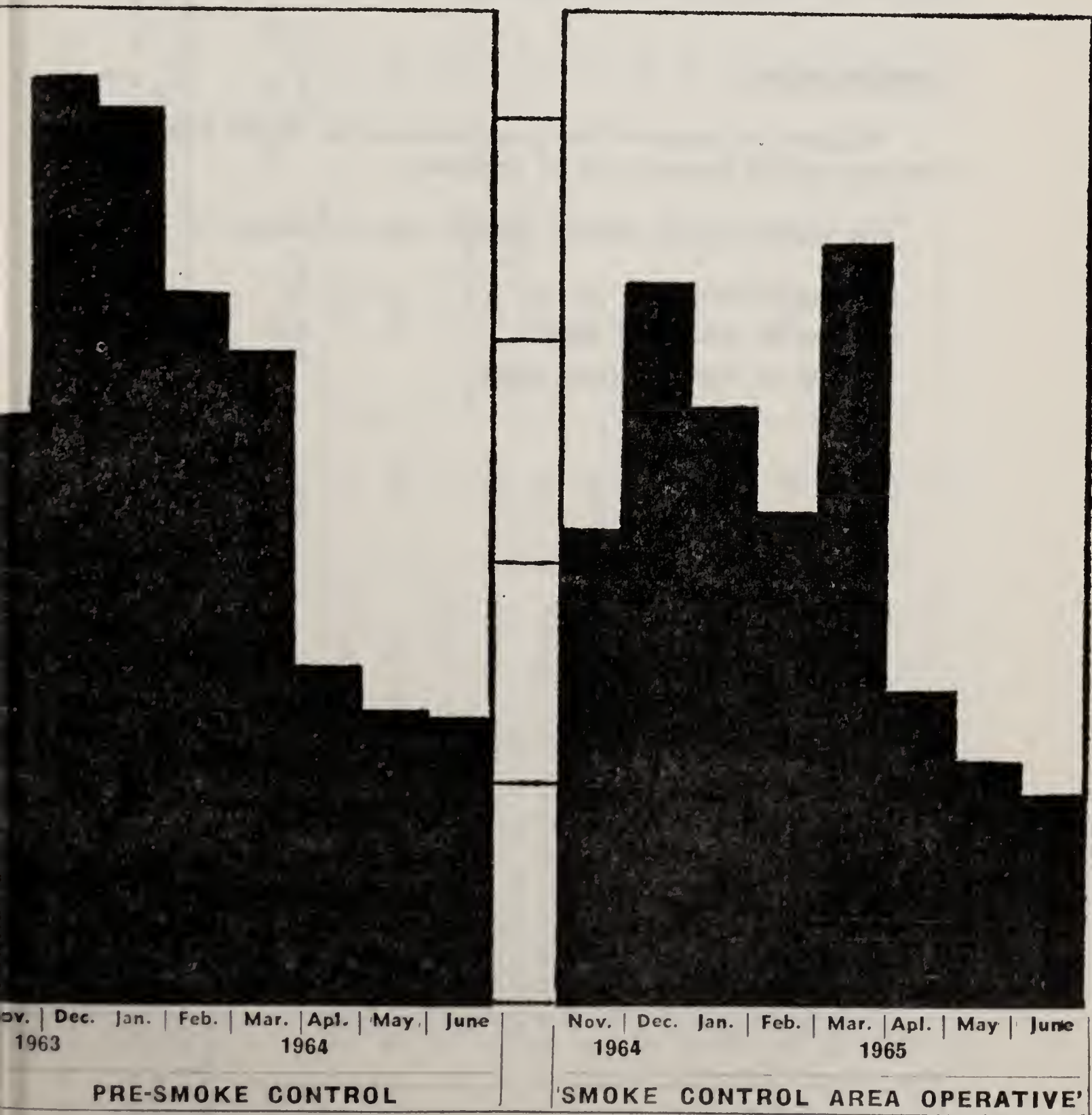
The results are indicated below in graphical form.

Graph showing smoke concentrations at Gorsedale Road School before and after Smoke Control.



The summer results show a low level of pollution and it can be reasonably assumed that the bulk of this emanates from industry and the docks, there being very few domestic fires during this period. In winter however a very much higher degree of pollution is apparent. As the level of industrial pollution is reasonably constant the bulk of this increase is probably due to domestic fires. The winter results after smoke control show a marked improvement despite the proximity of the dock and industrial area and other non smoke controlled areas.

Graph showing Sulphur Dioxide concentrating at Gorsedale Road School, before and after Smoke Control.



It was generally said that whilst the introduction of smoke control areas would reduce the emission of smoke to negligible proportions, pollution by sulphur would probably be unaffected, and it is sometimes implied that pollution by sulphur, might, in fact, be increased.

I have on other occasions outlined the arguments refuting these statements and it is interesting to note from the preceding graph a considerable decrease in sulphur pollution after smoke control, averaging out at about a twenty per cent reduction in concentration.

It must be emphasised that the results shown are limited, and there are many variable factors affecting such results. The trend shown, however, is most encouraging.

Contraventions

Written warnings of first contraventions of smoke control orders were sent to the occupiers of 36 premises.

The nature of the various offences was as follows:—

Burning of coal ...	...	...	...	...	...	...	21
Burning of wood and paper ...	...	...	...	...	...	...	14
Burning of kitchen waste refuse	...	...	...	...	...	...	1

SMOKE CONTROL AREAS.

Good progress has been maintained in this field. There are now ten smoke control areas in operation covering over 50% of the houses in the Borough. The Department is awaiting the decision of the Ministry following a local public inquiry on Area No. 11. Survey is in progress for No. 12 Area. The public in the main are now most co-operative and many enquiries are received regarding likely operative dates for future areas.

Order No.	Name and Date	Acres	No. of Dwellings	No. of other Premises	Date of Operation	Stage of Development
1	The Wallasey (Church St.) Smoke Control Order No. 1, 1958	11	218	4	1.10.1959	Operative
2	The Wallasey (Moreton) Smoke Control Order No. 2, 1959	125	1,070	25	1. 9.1960	Operative
3	The Wallasey (Upton Rd.) Smoke Control Order No. 3, 1959	31	241 (when completed)	6 (when completed)	1.10.1960	Operative
4	The Wallasey (Fender Lane) Smoke Control Order No. 4, 1960	340	250 (when completed)	1 (when completed)	1. 2.1961	Operative
5	The Wallasey (Brighton St.) Smoke Control Order No. 5, 1960	107	1,343	241	1. 5.1962	Operative
6	The Wallasey (Leasowe) Smoke Control Order No. 6, 1960	1,920	3,247	70	1. 9.1962	Operative
7	The Wallasey (Seacombe/Poulton) Smoke Control Order No. 7, 1961	710	6,073	482	1. 7.1964	Operative
8	The Wallasey (Lingham Lane) Smoke Control Order No. 8, 1962	335	1,581	30	1. 9.1963	Operative
9	The Wallasey (Upton Park) Smoke Control Order No. 9, 1962	93	22	—	1. 5.1963	Operative
10	The Wallasey (New Brighton) Smoke Control Order No. 10, 1963	329	2,683	342	1. 7.1965	Operative
11	The Wallasey (Breck Road) Smoke Control Order No. 11, 1965	240	1,787	111	1.10.1966 (proposed)	Awaiting confirmation
12	Warren	398	1,752	63	1.10.1967 (proposed)	Survey in progress

DISINFESTATION.

Although there was a slight decrease on last year the demands on this service are still very heavy. A higher standard of personal hygiene together with the availability of expert services has reduced the incidence of such vermin as bed bugs and fleas to almost negligible proportions. Other insects, such as the clover mite cause considerable nuisance to householders as new housing estates are built on their natural habitat. The insects most commonly dealt with during the year were cockroaches and ants. The department dealt with many instances of wasps' nests in and around private residences during the year. Wallasey, in common with many other authorities provide this as a free service and it is much appreciated by affected households.

Inspections following complaint

(1) No. of private houses inspected	120
(2) No. of local authority houses inspected	50
(3) No. of premises other than dwelling houses inspected ...	40
(4) *No. of premises showing infestations of:	
(a) Bed Bugs	22
(b) Fleas	8
(c) Cockroaches	74
(d) Other Vermin	109
	<hr/> 213 <hr/>

* Occasionally premises are found to be infested with more than one type of insect.

Treatment by Council's Operative

No. of treatments on repayment	251
No. of treatments without charge	69
	<hr/> 320 <hr/>
No. of treatments with D.D.T. spray	69
No. of treatments with other spray insecticides	242
No. of treatments with other methods	9
	<hr/> 320 <hr/>

Fees received — £160-10-4d.

RAG FLOCK AND OTHER FILLING MATERIALS ACT

During the year four samples were submitted to prescribed analysis. These were:—

New Cotton Linter Felt	2
Rag Flock	1
New Coir Fibre	1

The Act and Regulations made thereunder provide for control of premises using filling materials and ensures that the fillings used in articles are within certain specified standards of cleanliness. Four premises are registered under the Act. They are all occupied by upholsterers whose business is the repair or refilling of upholstered furniture.

One sample proved to be slightly below standard and further investigations are at present being made into this.

CONTROL OF CAMPING

22 visits were made to licensed sites during the year.

Seven private sites were licensed from the end of March until the first week in October. In addition to the above a branch of the Caravan Club held a camp on land situated on the promenade which is owned by the Corporation.

No. of sites licensed for tents during 1965	.....	.....	.....	3
No. of sites licensed for caravans during 1965	.....	.....	.....	4
No. of cases of unlicensed camping detected during 1965	.....	.....	.....	4
No. of visits to unlicensed land	...	...	...	7
No. of visits to licensed land	.....	.....	.....	22
Nuisances abated after notice	...	...	...	—

NURSING HOMES

OLD PERSONS' HOMES

CHILDREN'S NURSERIES

All the above classes of premises require registration by the Local Authority and the department makes inspections and recommendations to ensure suitable environmental conditions at premises which are the subject of an application for registration.

Seven such reports were made during the year on proposals to establish one nursing home, two old persons' homes and four day nurseries.

KEEPING OF ANIMALS AND PET SHOPS

The total number of pet shops is 7. All the licences are subject to standard conditions approved by the Council, regard having been paid to recommendations of the Association of Municipal Corporations and the R.S.P.C.A.

Visits to pet shops	...	...	...	...	...	27
Visits to other premises	...	...	...	...	...	36
Animal nuisances abated	.....	.....	.....	.....	.....	—

MISCELLANEOUS INSPECTIONS

Schools	...	...	...	...	...	...	...	35
Cinemas, dance halls, etc.	...	...	...	...	...	...	...	12
Sub-let rooms	...	...	...	...	...	...	...	1,035
Public conveniences	...	...	...	...	...	...	...	70
Local Land Charges (search)	...	...	...	...	...	...	...	1,889
Measurements of rooms for permitted numbers	...	...	...	...	...	...	...	541
Interviews with building contractors	...	...	...	...	...	...	...	267
Other visits	...	...	...	...	...	...	...	4,270

WALLASEY CORPORATION ACT, 1958

Registration of Hairdressers

During the year 2 applications were granted for the registration of premises for use as hairdressing establishments, there being a total of 140 premises registered within the Borough.

Bye-laws to govern the cleanliness of premises, equipment and operatives are in operation.

PUBLIC HEALTH ACTS AMENDMENTS ACT, 1907

Female Domestic Servants' Registry

No applications were received during the year.

COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

THEATRICAL EMPLOYERS REGISTRATION ACT, 1925

No applications for registration were received during the year.

PART VI

Welfare Services
National Assistance Act, 1948

ANNUAL REPORT, 1965 — WELFARE SERVICES

Residential Accommodation

The six Homes for Old Persons were filled to capacity throughout the year.

At the end of the year there were 200 persons on the Waiting List for accommodation in Homes, compared with 150 at the beginning.

The following are the statistics relating to accommodation provided by or on behalf of the Council in 1965.

	No. Admissions resident on 1-1-65	during 1965	Discharges during 1965	No. resident on 31-12-65
"Osborne House"	37	37	35	39
"Newholme"	35	37	34	38
"Lamorna"	18	8	10	16
"Redcliffe"	17	9	9	17
"Fernleigh"	54	16	13	57
"Manor Grange"	17	14	15	16
David Lewis Colony	2	—	—	2
Home for Epileptics, Maghull	7	—	—	7
Lango Epileptics Colony, Blackburn	—	1	—	1
Turner Memorial Home, Liverpool	2	—	—	2
Holm Hill, West Kirby	1	—	—	1
Wicksted Hall, Whitchurch	—	1	—	1
Leeds House, New Brighton	4	—	—	4
"Springhill", Nelson	1	—	—	1
"Tithebarn" Home, Crosby	1	—	—	1
British Legion Home, Cromer	1	—	1	—
Methodist Home for the Aged, Liverpool	1	—	—	1
Alexian Bros. Home, Manchester	1	—	—	1
Chester C.C. Kenwyn House	1	—	—	1
Cheshire C.C. "The Rookery"	1	—	—	1
Charles Best House, Parkgate	1	—	—	1
Church Army, Inglis Lodge, Bootle	1	—	1	—
Cheshire Foundation, Wrexham	1	—	1	—
Cressingham House, Wallasey	5	—	4	1
Daresbury Hall, Warrington	1	1	1	1
Catholic Blind Institute, Liverpool	1	2	1	2
Birkenhead C.B. "Manor Grange"	1	—	1	—
Lancs. C.C. Peterfield House	1	—	—	1
Total	213	126	126	213

Temporary Accommodation

It is the duty of the Council under Section 21(b) of the National Assistance Act, 1948, to provide:—

"temporary accommodation for persons who are in urgent need thereof being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances at the Authority may in any particular case determine".

The accommodation provided under this part of the Act consists of six sub-standard flats, six sub-standard houses, a Reception Centre consisting of five units of accommodation with communal Cooking and Washing facilities provided, and fifteen houses which are termed "intermediate accommodation". There are also two flats under this heading.

The following are statistics relating to temporary accommodation provided by the Council during 1965.

	No. Admissions resident on 1-1-65	during 1965	Discharges during 1965	No. resident on 31-12-65
Reception Centre, 51 Martins Lane	—	103	88	15
4 Tower Street	2	—	—	2
8 Tower Street	3	—	—	3
8 Church Road — Flat A	—	—	—	—
8 Church Road — Flat B	4	—	4	—
8 Church Road — Flat C	4	—	4	—
10 Church Road — Flat A	9	—	9	—
10 Church Road — Flat B	4	—	4	—
10 Church Road — Flat C	8	—	8	—
1a Hope Street	4	8	4	8
15 Percy Road	11	—	—	11
18 Egerton Grove	—	4	—	4
17 Winford Street	—	4	—	4
19 Winford Street	—	4	—	4
221 Church Street	—	14	4	10
46 Falkland Road	12	—	—	12
53 Oxton Road	6	—	—	6
84 Littledale Road	5	—	—	5
75 Withens Lane	6	—	—	6
116 Liscard Road	6	—	—	6
2 Wilton Street — Ground Floor	4	—	—	4
2 Wilton Street — First Floor	7	—	—	7
8 Beatrice Street	10	—	—	10
14 Water Steet	5	—	—	5
2 Belle Vue Road	10	—	—	10
90 Clarendon Road	13	—	—	13
1 Westminster Road	8	—	—	8
102 Poulton Road	—	4	—	4
104 Poulton Road	—	5	—	5
106 Poulton Road	—	4	—	4
Total	141	150	125	166

Registration of Old Persons' Homes

There were at the end of 1965, six Homes in Wallasey registered under the provisions of the National Assistance Act, 1948. These homes are visited regularly by Welfare Officers to see that the National Assistance (conduct of homes) Regulations, 1962, are complied with.

Removal of Persons in Need of Care and Attention (Section 47, National Assistance Act, 1948).

During the year one woman was removed to hospital under the above Act.

The Section 47 case who was admitted to a Home for Old Persons some years ago is still accommodated.

Burial of the Dead

During the year under Section 50 of the National Assistance Act, four burials were arranged in cases where it appeared that no suitable arrangements for the burial had been or were being made.

Of the four, the cost of one was completely recovered, two partly recovered and negotiations are in progress to recover part of the cost of the remaining one.

Protection of Property

It is the duty of the Welfare Committee to ensure the safety of moveable property of persons when they enter homes or hospitals if no other suitable arrangements are being made. This entails notifying the Police that the house is empty, checking that doors and windows are secure and possibly taking into protection valuables, cash or furniture.

All items except cash are stored in Welfare Committee premises, small items of value being kept in a safe. Cash is handed to the Borough Treasurer who places it in Suspense Account.

Occasionally advice is given to the relatives of mental patients on the procedure to be adopted when applying for appointment as Receiver of the patient's Estate.

The Court of Protection and the Official Solicitor are notified of cases which may be their concern. Both these bodies are given any assistance they require in dealing with these cases.

Recovery of Expenses from Persons Liable to Maintain Dependents

It has not been necessary to apply to the Petty Sessional Court for any recovery of expenses during the year.

Entertainments and Outings

The Old People again enjoyed the annual outing round Wirral with tea taken at a Wirral Hotel.

At Christmas every effort was made to ensure that the Old Folk had as good a time as possible.

Throughout the year Schools, Churches, etc., and private individuals donated gifts of flowers, fruit and other articles for use by the residents. These were gratefully accepted.

Rehabilitation Work

Owing to the new Rent Act only 103 people passed through the Reception Centre and problems of homeless people are becoming rather less. It is an unfortunate fact however, that elderly people living alone are still being asked to leave rooms or lodgings, and are doing so, because they "don't want to make any trouble". Sixteen families living in Part III and Intermediate Accommodation, are improving in behaviour and household management, though two families remain unco-operative.

Gifts of turniture have been distributed to twenty-three families.

Community Welfare

Community care means the care of people otherwise than in Institutions, and it is thought to be a better way of caring for the aged because it encourages continued independence and self-help, and the aged persons emotional needs of affection and interest from relatives and friends are more easily satisfied in their own homes, and it is of course more economical than maintenance in a Local Authority Home.

The first line of support in the community is the family, and that is considered to be the best form of community care where the aged person either lives with his/her own children or receives regular daily visits and care from his/her own relatives.

The family itself needs the full support of the Local Authority Domiciliary Services, financial assistance and medical attention being provided by the National Assistance Board and the National Health Service respectively.

The District Nursing Service made 36,817 visits to 1,120 persons over the age of 65 years during 1965, and the Home Help Service devoted 107,961 hours to the care of the aged in the Borough.

The Women's Voluntary Service delivered 26,801 meals to house-bound aged people and the Wallasey Voluntary Old People's Welfare

Committee members visited the lonely and provided extra comforts.

The four Welfare Officers were busy throughout the year, and there was a marked increase in the applications for admissions to Residential Homes.

The main source of referral are General Practitioners, Hospitals, Voluntary Organisations, District Nursing Service, relatives and direct applications by the aged persons concerned.

There were 148 women and 52 men on the Waiting List on the 31st December, 1965, and 87 women and 24 men were classified as being in urgent need of accommodation.

The Waiting List changes daily, new cases being added, others being removed, and it is surprising how steady the total number remains when the considerable number of changes is taken into account. Publicity or the opening of a new Home always increases the number of enquiries.

The Welfare Officers visit and give information to the aged, of the services available and arrange for the provision of domiciliary services such as Home Help, Meals-on-Wheels, District Nurse, Chiropody Service or Voluntary Visitor, which may enable old persons to continue living in their own homes. The Welfare Officers provide the link between the services available and the aged person in need, and they are the focal point in community care.

BLIND WELFARE

Registration of Blind Persons

During the 12 months ending 31st December, 1965, 49 people were examined by Mr. W. Dunlop Hamilton, Ophthalmic Surgeon. Of these, 26 were registered blind and 23 placed on the Partially Sighted Register. Of the 26 registered blind, blindness occurred in the following age groups:—

11 — 15	.....	.....	.....	—	1
30 — 39	.....	.....	.....	—	1
40 — 49	.....	.....	.....	1	—
50 — 59	.....	.....	.....	—	1
60 — 64	.....	.....	.....	2	—
65 — 69	.....	.....	.....	1	2
70 — 79	.....	.....	.....	3	1
80 — 84	.....	.....	.....	1	6
84 — 89	.....	.....	.....	1	4
90 and over	.....	.....	.....	—	1
				—	—
				9	17
				—	—

Statement re incidence of Blindness in Registered New Cases

	Cause of Disability		
	<i>Glaucoma</i>	<i>Cataract</i>	<i>Others</i>
(1) Number of cases registered during the year for whom the following is recommended:—			
(a) No treatment	—	1	5
(b) Treatment (Medical, Surgical, Optical)	2	9	9
(2) Number of cases registered during the year at (a) and (b) above, which on follow up action have received treatment	2	5	8
	<i>Ophthalmia Neonatorum</i>		
(i) Total number of cases notified during the year		Nil	
(ii) Number of cases in which:—			
(a) Vision lost		Nil	
(b) Vision impaired		Nil	
(c) Treatment continuing at end of year		Nil	
	<i>M.</i>	<i>F.</i>	<i>Total</i>
No. on Register at 1st January, 1965	110	172	282
No. added during the year:—			
New Cases	9	17	26
Transfers from other Towns	3	4	7
	<hr/> 122	<hr/> 193	<hr/> 315
Less No. of Removals from Register owing to:—			
Leaving Wallasey	3	2	5
Deaths	8	21	29
	<hr/> 11	<hr/> 23	<hr/> 34
	<hr/> 111	<hr/> 170	<hr/> 281

At the end of February, one of the two Home Teachers employed full-time, by the Department, resigned. Another (male), commenced duty on August 2nd, so that the Blind Welfare staff once more comprises two full-time and one part-time Home Teachers. These Teachers continue to visit blind people in their own homes, giving lessons, where required, in Braille and Moon types, manual alphabet, typing, crafts, music etc. They also investigate new and prospective cases of blindness, and generally supervise the welfare of all blind and partially sighted persons within the Borough. Every effort is made to ensure that each blind person is made aware of, and assisted to obtain, all statutory benefits to which he may be entitled. During the year a total of 1,723 visits have been made to blind people and 139 to the partially sighted.

The Handicraft Classes held at Moreton on Tuesday afternoons, and at Penkett Road all day on Wednesday, also the classes for business people held on Thursday evenings, continue to be very popular and are regularly attended by about 40-45 people. Many of these folk are only enabled to attend through the services of voluntary transport, which are much appreciated. The principal crafts taught include basketry, chair-caning, stool-seating, string-bag making, knitting and rug-making. Articles were exhibited and sold at the Annual Gala in Central Park in July, and, by courtesy of Associated British Cinemas, and Mr. Roberts (Manager), a very successful Exhibition and Sale of Work was held at the A.B.C. Cinema Liscard, in November.

Social Afternoons

In response to popular demand, the social afternoons are now held every Friday at 74 Penkett Road, musical and dramatic entertainments alternating with games such as dominoes, draughts, chess and a special type of Bingo adapted for the Blind. A drama and choral group is envisaged in the near future. Grateful thanks are due to the many artistes who have given their services, to the ladies who give faithful service each week throughout the year, taking charge of the kitchen arrangements, making tea, etc., and to those who so kindly provide voluntary transport, thus enabling many infirm people to attend meetings, who would otherwise be unable to do so.

Outings

A Summer Outing was organised in July, when five coach loads of blind and partially sighted people were taken to Colwyn Bay and Llandudno, and had a most enjoyable time. His Worship the Mayor, and the Mayoress, visited each coach at the outset, to wish the occupants a happy day. This kind thought was appreciated by all.

In December, about 240 people attended a Christmas Dinner at the Riverside Restaurant. Among the guests were His Worship the Mayor and Mayoress, and the Chairman of the Welfare Committee. An excellent entertainment was provided by a local Concert Party. Grateful thanks are due to the members of Rotary, the Voluntary Transport for the Blind Committee, the W.V.S. and other voluntary helpers who so kindly provided transport.

Achievements of the Blind

A registered blind scholar, who attends the Cardinal Allen Grammar School, Liverpool, (a Catholic School for the sighted), has gained G.C.E. passes at Ordinary and Advanced levels, and has been called for an interview by the Admissions Board of Liverpool University.

A totally blind man from the Moreton area, who had been coached by one of the Home Teachers, obtained first prize in the Tenor Solo classes at both Wallasey and Liverpool Music Festivals, and a second prize for Oratorio singing.

A blind lady, aged 51 who was recently placed on the Blind Register went for a three months course in Social Re-habilitation at the Royal National Institute for the Blind Centre at Torquay. She progressed so well, she was transferred to the Industrial section, and hopes to obtain employment in the near future.

A blind graduate of Liverpool University aged 27, has obtained the Degree of LL.B., and has become articled to a well-known firm of Liverpool Solicitors.

A former Transport Manager from the Wallasey Village area, blinded as the result of war service, has now passed the City and Guilds of London Institute Radio Examination, has built his own transmitter and been made a member of the Radio Society of Great Britain, being now qualified to transmit radio messages by voice and morse.

Free Travel Vouchers

Free Travel Vouchers are still issued to all blind people in the Borough through the courtesy of the Wallasey Passenger Transport Committee and the Crosville Motor Bus Company also kindly allotted 17 free passes, all of which are greatly appreciated by the recipients.

Voluntary Organisations

A number of blind and partially sighted people have benefited from the excellent service of the W.V.S. Meals-on-Wheels Scheme, and are grateful to these ladies for their voluntary help and cheering visits. Many thanks are due again to all voluntary agencies who have helped the blind people of Wallasey, by providing transport, escorts, social events and other entertainments.

WELFARE OF HANDICAPPED PERSONS **(Other than the Blind and Partially Sighted)**

During the year one Welfare Officer was employed for domiciliary visits to handicapped persons.

Personal and domestic aids are supplied to individual cases to enable them to become more independent, and adaptations such as widening doors, hand rails, ramps etc., have been carried out at both privately owned and Corporation properties. Concrete paths and motor crossings have been constructed to accommodate invalid tricycles supplied by the Ministry of Health.

War Pensioners in Wallasey have been supplied with Mini-minor cars and help given over the garages in this connection.

Car Badges for the disabled are obtainable on application to the Welfare Department.

One Craft Teacher was employed for the purpose of diversionary occupation. Three weekly classes were held for physically handicapped

(two at Welfare Centre, Penkett Road) and one at Health Clinic Oakenholt Road, Moreton). The average attendance is 20 and men and women of all ages and disabilities are taught basketry, rug making, seagrass stools, needlework, lamp shade making etc. The Wallasey Ambulance Service is called upon to convey the more severely disabled to the classes.

Two Craft Exhibitions were held during the year, one at the Wallasey Gala, Central Park, in July, the second at A.B.C. Cinema, Liscard, and most of the local organisations for blind and disabled took part.

A Christmas party was arranged for the physically handicapped at the Riverside Restaurant New Brighton.

The Rotary Club and St. Johns Ambulance Brigade help at all times with transport for these special events.

The Women's Voluntary Service also provide transport when requested on behalf of disabled persons, and their Meals-on-Wheels is beneficial to many handicapped housebound people. The Meals are also delivered to the Craft Classes. The clothing service given by the W.V.S. is frequently called upon.

The Chiropody Service—free or financially helped according to circumstances—is available to handicapped persons on the recommendation of the General Practitioner.

Close touch is kept with Statutory and Voluntary Organisations concerned with the welfare of the disabled in the area. The Domestic Home Help Service is particularly important to housebound severely disabled people who live alone.

Rehabilitation, Trading and Employment

Courses of rehabilitation and training are provided by the Ministry of Labour and the day Centre at Aintree continues to prove beneficial to Wallasey men who are able to travel there each day without difficulty. The Courses help to build up a maximum degree of fitness, so restoring the men's confidence in their ability to get and keep a job after illness, injury or long unemployment.

The Remploy Factory, Poulton, gives employment to approximately 60 Handicapped men and women from Birkenhead and Wallasey. Their products of candlewick articles and different types of bedding are in much demand. The employees are financially independent, working a five-day week most of them using invalid tricycles as their transport. They could not be employed in open industry.

The Anne Glassey Workshop receives an annual grant from the Wallasey Council and provides permanent employment for several patients who have recovered from Tuberculosis, in addition to their rehabilitation courses for other patients. Their products of machine knitted garments, Christmas card and crackers, are well known in many areas.

The Sir Robert Jones Workshop, Liverpool, employs one Wallasey man (epileptic) as a Poster Compositor.

Voluntary Organisations for Disabled

The Liverpool Adult Deaf and Dumb Benevolent Society and the Catholic Deaf Society of St. Vincent de Paul receive a per capita grant from the Wallasey Council in respect of Wallasey deaf residents. The Social Centres at Princes Way, Liverpool, and Ashville Road, Birkenhead, are well attended by deaf people from Merseyside.

The Wallasey Hard of Hearing Club meet every Monday evening at the Corporation Welfare Centre, Penkett Road. It is an active club for the 30 members and Outings and Social evenings are arranged on their behalf.

The Spastic Association meet three times a week for handicraft classes at the Welfare Centre, the cost of tuition is subsidised by the Local Authority Education Committee. The Association arranges its own Outings, Parties, etc.

The Wirral Invalid Tricycle Association hold their weekly meetings at the Welfare Centre. Motor Coach Outings and tricycle runs were successfully organised and the Annual Dinner were well attended by over 100 disabled people as well as members of the Wallasey Council.

Cammell Lairds sent their annual invitation and 120 disabled and friends were entertained at the Cammell Lairds Social Club, New Ferry.

The Welfare Department is represented on the following Committees:—

The Liverpool Adult Deaf and Dumb Society
The Catholic Deaf Society of St. Vincent de Paul
The Liverpool Council of Social Service
The Wallasey Disablement Advisory Committee
The Wallasey Spastic Association
The Wirral Invalid Tricycle Association.

Statistics of Registration

Registers of Handicapped Persons

		Under 16 years	16—64 years	65 years and over
General Classes	M.	2	293	114
	F.	2	155	88
Deaf without speech	M.	—	19	2
	F.	—	20	3
Deaf with speech	M.	1	5	—
	F.	—	10	1
Hard of Hearing	M.	—	6	8
	F.	—	5	14
TOTAL		748		

During the year the Register was reviewed and the reduction in the number is due to the removal of persons who have died, left the district or changed their address in Wallasey without advising this Department.

Included in the above figures are:—

		Employed	Unemployed	In Homes	Total
Spastics	M.	3	3	2	25
	F.	6	8	3	
Epileptics	M.	8	11	5	37
	F.	2	6	5	

COUNTY BOROUGH OF WALLASEY
EDUCATION COMMITTEE



REPORT

OF THE

Principal School Medical Officer
For the Year 1965

STAFF.

Medical Officer of Health and Principal School Medical Officer:

Dr. H. W. HALL, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health & Deputy Principal School Medical Officer:

Dr. W. F. CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health and School Medical Officers:

Dr. E. J. O'REILLY, M.B., Ch.B., B.A.O.

Dr. ESME I. GRANT, M.R.C.S., L.R.C.P.

Principal School Dental Officer:

Mr. W. J. MEAKIN, L.D.S., R.C.S.

School Dental Officers:

Mr. W. A. HENDERSON, L.D.S.

Mr. E. G. MASON, L.D.S.

Mrs. W. M. WYNNE, L.D.S.

Dental Surgery Assistants:

Mrs. U. BROWN.

Mrs. A. HENDER.

Miss I. DABORN. (Resigned 28-3-65).

Mrs. K. MASON

Mrs. S. KAYE (Appointed 3-5-65).

Superintendent Health Visitor/School Nurse:

Mrs. K. SCHOFIELD, S.R.N., S.C.M., H.V. Certificate.

Health Visitors/School Nurses:

Miss A. J. EDGE, S.R.N., S.C.M., H.V. Certificate.

Miss C. E. MURRELL, S.R.N., S.C.M., H.V. Certificate.

Mrs. E. E. P. NOLAN, S.R.N., S.C.M., H.V. Certificate.

Mrs. W. DOVEY, S.R.N., S.C.M., H.V. Certificate.

Miss M. E. ASPINALL, S.R.N., S.C.M., H.V. Certificate.

Miss E. M. MORGAN, S.R.N., S.C.M., H.V. Certificate.

Miss E. WHITBURN, S.R.N., S.C.M., H.V. Certificate.

Miss K. E. HIGGINS, S.R.N., S.C.M., (Part 1), H.V. Certificate.

Mrs. M. KEANE, S.R.N., S.C.M., H.V. Certificate.

Mrs. M. E. GALLIMORE, S.R.N., S.C.M. (Part-time).

Miss M. HUGHES, S.R.N., S.C.M. (Part 1), H.V. Certificate.

Miss A. E. RADCLIFFE, S.R.N., S.C.M., H.V. Certificate.

Miss J. LITTLEMORE, S.R.N., S.C.M., H.V. Certificate.

Miss P. REYNOLDS, S.R.N., S.C.M. (Part 1), H.V. Certificate.

Visiting Specialists:

Mr. J. D. ELLIOTT EDWARDS, M.B., Ch.B., D.O.M.S.

(Ophthalmic Specialist).

Mr. H. DAVIES, M.B., F.R.C.S. (Eng.), Ch.B., Ch.M. (Ortho.).

(Orthopaedic Specialist).

G. EGAN, M.D., Ch.B., D.P.M. (Psychiatrist).

Physiotherapist:

Mr. K. JONES, M.C.S.P.

Speech Therapist:

Mrs. M. B. AVISON, L.C.S.T.

Educational Psychologist:

Mr. J. MAGINN, B.A. (Hons.), Dip. Education, Dip. Ed. Psychology.

Social Worker:

Mrs. U. BARRETT-LENNARD, Diploma in Social Science.

Administrative Staff:

Mr. W. R. KIDD

Mrs. B. RADCLIFFE.

Mrs. B. H. MAUNDER (Part-time).

Mrs. E. E. HILL (Part-time).

Miss P. E. SHERRING (Resigned 26-2-65).

Miss G. L. WELSH (Appointed 1-4-65).

Audiometrician:

Mrs. J. E. RODGERS (Part-time)

Town Hall,

Wallasey.

June, 1966.

To: The Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have pleasure in submitting my Report on the School Health Service for the year 1965.

The report follows the usual pattern and is made up of contributions from all sections of the School Health Service from which it will be clearly seen that the good standard of health in the Wallasey school child has been well maintained throughout the year. For the first time it is a pleasure to report that no child in the 4,800 medically examined at routine inspections was found to be in an unsatisfactory physical condition.

It is interesting to record a 36% increase in referrals to the Child Guidance Clinic and that the General Practitioners in the town are using this clinic more often than they have done in the past.

Health Education is an important part of the School Health Service and members of the staff are always available to give talks to Parent-Teacher Associations. A part-time Health Education Officer is to be appointed early in 1966 who will also take part in this important work in schools.

Finally, I should like to express my appreciation of the services of all who contributed to the work of the Department during the year and to acknowledge the co-operation of the Director of Education and his staff and the support of the members of the Education Committee.

I am,

Your obedient servant,

HOWARD W. HALL,

Principal School Medical Officer.

ANNUAL REPORT — SCHOOL HEALTH SERVICE, 1965.

Observations of Dr. Christian, Deputy Principal School Medical Officer:—

Staff

There were several staff changes during the year. Miss Sherring, clerk at the School Clinic, Merton Road, resigned on her marriage in February and was succeeded by Miss Welsh.

In the School Dental Service Miss Daborn, dental surgery assistant, resigned at the end of March and was succeeded by Mrs. Kaye.

In spite of repeated advertising, it has not been possible to fill the vacancy for a full time second physiotherapist caused by the resignation of Miss Thompson at the end of 1964, nor has it been possible to appoint a part time speech therapist to assist Mrs. Avison in her work. Mrs. Fraser, who is a qualified physiotherapist, has been able to undertake sessional work for the past few months.

The Child Guidance Clinic is staffed by a part time psychiatrist, Dr. Egan, who attends the clinic twice weekly, and by a full time psychologist and a full time social worker. Statistics relating to the work carried out are given later in the report.

The medical officers employed in the School Health Service are also engaged in duties under the Public Health Department, including sessions at Child Welfare Clinics and so are in contact with mothers and children before the latter reach school age. This ensures continuity of supervision.

Liaison with General Practitioners

Children suffering from conditions other than ocular, orthopaedic or psychological, who require the advice of a consultant, are referred first of all to their family doctors with a letter advising them of the condition present. In the case of ocular, orthopaedic or psychological disorders, the children are referred to the local authority's own consultants who attend various local authority clinics each week. When a direct referral to a consultant takes place in this way, a letter is sent to the general practitioner following the medical examination, informing him of the consultant's findings.

Liaison with Hospitals

The school health visitors attend weekly at the hospital clinic of the specialist in children's diseases, and discuss any problems concerning Wallasey children with him. In addition, the hospitals send us weekly lists of the children who have been discharged from hospital, stating the diagnosis in each case. This enables the school health visitors to follow up cases after discharge.

Medical Inspection

The number of Periodic Medical Inspections carried out during the year was as follows:—

Entrants
1,774

Leavers
1,258

Others
1,768

Special Inspections (which include cases seen at school at the request of the staff or school nurse and cases seen for the first time by the school medical officers at the clinics) numbered 1,311 during the year.

Reinspections (children noted at previous periodic inspection as suffering from some defect or disability which required periodic review) numbered 264 during the year.

The general condition of pupils examined at routine inspections was as follows :—

		Number	Percentage
Satisfactory	...	4,800	100.00
Unsatisfactory	...	—	—

Elleray Park Day Special School for Physically Handicapped children was visited monthly by Dr. O'Reilly.

Clare Mount Day Special School for E.S.N. children was visited monthly by Dr. Christian.

The children on the registers of these two day special schools are medically examined prior to their transfer to these schools and regularly (approximately once a year) as long as they remain there. This closer medical supervision of the handicapped children is necessary to ensure that the measures prescribed to mitigate or alleviate the handicaps are being conscientiously adopted by the parents, as for example, the wearing of hearing aids for deafness, the attendance at the clinic or hospital for treatment for discharging ears or for the provision or repair of spectacles, and, regular physiotherapy when the muscles of the limbs are affected by cerebral palsy or poliomyelitis.

As a result of these medical inspections, a variety of medical and psychological conditions are brought to light which require treatment or observation.

The Tables on pages xxiv and xxv show the number of defects found during the year.

All children at the intermediate medical inspection are tested with the Ishihara Charts for any defects of colour vision. Head teachers are informed when a defect is found as this knowledge may help in deciding on a career.

The visual acuity of school children is tested, at the following times by the school health visitors :—

- (a) School Entry. As very few children know their letters at this inspection, the 'E' test is used.
- (b) Between 7 and 8 years.
- (c) During the first year in the Grammar or Secondary School.
- (d) During the last year in the Grammar or Secondary School.

When defects are found arrangements are made for the affected children to attend the school eye clinics where they will be examined by a specialist, or if they so wish they can visit a sight testing optician.

Of course parents can, at any time, bring their children to see the school doctor at the clinic if they suspect the presence of an ocular

defect and if a defect is found an appointment will be made to see the Eye Specialist.

As regards facilities for treatment, the following are provided directly by the Authority—

Minor Ailments Clinics

For minor injuries, skin sepsis, and the like.

Consultation Clinics

For the investigation of medical and psychological problems by the local authority medical officers.

Audiology Clinics

For the assessment of children's hearing, using a pure tone audiometer, and for the treatment of those children whose hearing is found to be defective.

Speech Therapy Clinics

At which a qualified speech therapist treats a variety of speech disorders.

Eye Clinics

At which a visiting ophthalmic specialist carries out refractions and orders spectacles where necessary.

Orthopaedic Clinics

At which a visiting orthopaedic surgeon examines and prescribes treatment for children with defects of bones, joints or musculature.

Child Guidance Clinic

At which a team consisting of a visiting specialist in mental illness, an educational psychologist, and a social worker, treat children with a variety of educational and psychological problems.

Ultra Violet Light Clinics

At which debilitated children and children with certain skin conditions are exposed to the rays from an ultra violet lamp.

Enuresis Clinics

At which suitable cases are recommended to use an electric alarm device to cure their bedwetting.

Convalescence

Arrangements are made for children for whom no other provision would be adequate to be sent to a convalescent home for a period of four to eight weeks.

Parents of children can avail themselves of any of the services listed above, or, if they wish, can obtain treatment through their family doctors.

As well as medically inspecting schoolchildren, the school medical officers carry out the following duties:—

The ascertainment of children who require special educational treatment in an ordinary school, a day special school, or a residential special school.

The testing of children in the secondary schools for evidence of tuberculin sensitivity and the vaccination with B.C.G. vaccine of those showing no sensitivity. This vaccine will protect the children from tuberculosis for a number of years.

The inoculation of children to protect them against diphtheria, whooping cough, tetanus and poliomyelitis.

The examination of children who wish to take up employment out of school hours, to take part in public entertainment, or to go to school camps.

The medical examination of candidates for training colleges, and teachers appointed to this authority.

The examination of all persons employed in the school meals service who are concerned with the handling, preparation or cooking of food.

The visiting in their own homes of those children who are receiving home teaching under the provisions of Section 56 of the Education Act, 1944. During the year eleven children were receiving home teaching.

An important aspect of our work is health education. No opportunity is lost during the performance of the aforementioned functions to advise both parents and children on matters of health.

The medical staff are available to visit Junior and Secondary Schools to give talks on health matters and to show films on subjects such as the dangers of smoking, at the request of head teachers.

Finally, I would like to thank the teaching staff of the many schools I have visited for their assistance throughout the year in enabling the work of the department to proceed smoothly.

Observations of Dr. O'Reilly, School Medical Officer:—

The audiometer was in full use during the year. As in the year before, we found that there was a distinct and steady improvement. Fewer cases of deafness were discovered, and these were less severely afflicted. There was a fall of 15% in the number who had to be referred to the specialist for treatment.

Obesity among school children did not seem as prevalent as in the last few years. At least I did not see so many grossly corpulent boys. Older girls are often very much overweight. However, at about school leaving age most of them begin to try to reduce their weight, and this is long before the time when obesity becomes a serious menace to health. On the other hand, the fat child is undoubtedly more liable to fall a victim to bronchitis, knock-knees, flat feet, and other abnormalities.

It is consoling, in this connection, to remember that an American medical expert stated that the best sign of "positive health" is the need to struggle constantly against obesity.

The problem of nocturnal enuresis still awaits a solution, largely because the cause of the condition is rarely known. It is more common in boys than in girls, but no age or group is exempt, even senior girls finishing their school life can be affected.

During this year I tried "Di-sepidin" snuff on some enuretics. The results were indecisive. In some of the early cases it failed to have any effect. I eventually found that the reason was probably because the recommended dose was too small. This was easily remedied as it is a very safe drug with no side effects. Other failures were caused by profuse nasal catarrh from which the children suffered. I found out that this was an obstacle only recently when a colleague gave me some literature on the subject. As in the experiment with "Librium", when the drug was withdrawn most of the cases relapsed. For as in the School Health Service this drug has the advantage that it has no synergic effects. There is a little danger of its conflicting with or reinforcing any other drug which is being used. So it was easier to get the agreement of family doctors to our trying it. With "Librium" one had to be sure that no similar drugs were being given simultaneously.

Observations of Dr. Grant, School Medical Officer:—

There has been little change in the pattern of the School Health Service this year.

The routine medical inspections occasionally reveal unsuspected defects, but on the whole the general health of the school population in Wallasey is good.

Defects of vision, hearing, and feet are probably those that are most commonly found and these are dealt with at the appropriate clinics, with satisfactory results.

I think that, at last, our appeals to the teenage girls, parents, and shoe manufacturers about the type of shoe to be worn, whilst at school, are bearing some fruit — or, perhaps it is due to the headmistress's efforts that those dreadful, pointed, casuals are less frequently seen — or maybe the fashion is changing but, whatever the reason, it is my impression that there is an improvement in the footwear, and, as a result, I have referred fewer cases to orthopaedic clinic.

On the other hand, I think I have had to deal with rather more teenage problems and behaviour difficulties, and these are time-consuming because one does not always feel it necessary to refer them to the psychiatrist, in view of the waiting list. There can be no doubt that teenage girls become interested in the opposite sex, and dancing to beat music, long before they leave school, and this often leads to friction at home, and disobedience, if the rules that are laid down by the parents are too strict.

The minor ailment clinics are not as busy as they used to be because there are certainly fewer cases of impetigo, discharging ears, and other septic infections.

We still see the same number of catarrhal children who have frequent attacks of bronchitis and sinusitis, and who benefit from a course of Ultra-Violet light, breathing exercises and vitamins.

Physique and nutrition vary considerably, and though there are a large number of girls who are considerably overweight and who find it extremely difficult to diet, there are almost as many small, thin, underweight children who can "eat like horses" without putting on an ounce of flesh. This difference in weight and height is noticed particularly at about the age of 12 years before the onset of menstruation. In this age group, at the same school, on the same day, I examined two girls, one of whom weighed 3st. 12lbs., and the other 9st. 8lbs. This had to be seen to be believed!

Nocturnal enuresis (bed-wetting) remains a problem only too frequently encountered, and about which we seem to be able to do very little. We give advice on the management of such cases, try various drugs which are said to be effective and use electric alarm devices which are often not very popular and are unfortunately not always successful. When we are successful in obtaining a cure, we wonder whether perhaps it was a case of good luck rather than good management. It is a distressing condition in older children and it is a great pity that some more research is not done into its cause and treatment.

The medical examination of candidates for Teacher's Training Colleges takes up a great deal of our time and I cannot really see why this should be compulsory when it is not required for entrance to a University.

Another most important and specialised aspect of our work is the ascertainment of the educationally sub-normal, or maladjusted children, and the careful examination of physically-handicapped and delicate children; it is of paramount importance to the child that he should attend the school which is best suited to his disability, whether it be physical, mental or psychological.

It is a great pleasure these days to visit the more recently built schools, and be allowed to do our work in specially appointed medical rooms with adequate space, heating and lighting. Unfortunately, this does not apply to the Girls' Grammar schools, where the only accommodation leaves a great deal to be desired, in spite of the efforts made by the headmistress.

Nevertheless, I would like to thank them all for the hospitality that they, more often than not, extend to us when we visit their schools.

Observations of Mr. H. Davies, Visiting Orthopaedic Specialist:—

The work of the school orthopaedic clinics at Wallasey, Moreton and Leasowe has been mainly routine this year. I am pleased to report

that the major diseases have been non-existent and we have dealt chiefly with the old enemies of flat feet and other postural errors. I have noticed the general air of well being of the children. In matters of hygiene and health there seems to be a general all round improvement due, I think, to the regular supply of school milk and meals, and the advice and vigilance of school medical officers and health visitors.

The incidence of knock knees is still high and presents a worrying problem. It occurs chiefly in the pre-school child showing that the muscular strength does not match with the increasing weight of the child. Health visitors here could be of great service in advising mothers to give plenty of protein in the toddlers' diet plus plenty of muscular activity and toys to encourage this.

I am very grateful to the auxiliary staff at all these orthopaedic clinics. They all help to make the work of dealing with these children very much easier by their willing kindness and co-operation. Cheerfulness at all children's clinics is an infectious element and all the staff here give this in abundant measure.

REPORT of Mr. HORACE DAVIES, Orthopaedic Surgeon

Number of Sessions held at the Authority's Clinics	..	52
Number of New Cases	.. .. .	552
Number of Re-examinations	.. .. .	1,080
Number of Cases discharged cured	.. .. .	239

[illegible]

Remarks of Mr. K. Jones, Physiotherapist:—

This year only one physiotherapist has been available, apart from three month's help (two half-days a week, October-December) from a part-time assistant. This has had a two-fold effect:—

1. The amount of travelling about for the working physiotherapist has increased, therefore, working time has been reduced, i.e. one session divided between Water Street and Merton Road Clinics, for example.
2. A more selective system in accepting patients for treatment has had to be employed.

With regard to 2. above, the criterion applied is urgency of treatment and probable prognosis. It should be emphasised that all chest conditions, both those referred by our own medical officer, and from consultants at the hospitals, are put on to treatment immediately, as are all traumatic conditions. In this respect, foot exercises have been almost totally discontinued, as the condition, known as flat foot, is chronic, usually symptomless, and the rationale of remedial exercises is doubtful. Patients with the various forms of flat feet are, in any case, invariably prescribed alterations to footwear, and supports. Thus, those patients accepted for treatment are treated, either individually or in small groups. This explains the decrease in the number of remedial exercises as shown in the accompanying table.

One may wonder at the difficulty of fully staffing the physiotherapy department. The fact is, paediatric physiotherapy is not a popular speciality and, of course, it is more immediately satisfying to treat acute conditions.

PHYSIOTHERAPY REPORT, 1965.

Total Cases on Register	...	...	...	...	...	1,181
Total Attendances for treatment	...	...	...	...	...	4,823
New Cases on Register	...	...	...	...	...	547
Orthopaedic Cases of School Age treated	...	...	...	...	...	623
No. of Orthopaedic Cases treated at School	...	...	...	...	...	5
New Orthopaedic Cases of School Age	...	...	...	...	...	156
School Age Orthopaedic Cases discharged	...	...	...	...	...	188

U.V.R. TREATMENT, 1965.

New Cases	...	...	...	...	...	93
No. on Register	...	...	...	...	...	177
Discharged: Cured	...	...	...	...	...	14
Improved	...	...	...	...	...	8
No Change	...	...	...	...	...	—
Defaulted	...	...	...	...	...	66
Left School	...	...	...	...	...	3
Admitted to Hospital	...	...	...	...	...	—
Left District	...	...	...	...	...	—

PHYSIOTHERAPY REPORT, 1965

	Visiting Orthopaedic Surgeon's Clinic			Artificial Sunlight Clinic		Breathing Exs. for post-operative Tonsillectomy and Adenoidectomy		Asthma		Remedial Exercises	
	New Pts.	Total Atts.	Disch.	New	No. Trts.	New	No. Trts.	New	No. Trts.	New	No. Trts.
January ..	39	131	21	17	371	8	24	1	22	4	69
February ..	50	119	17	23	339	5	16	—	32	7	114
March ..	46	134	24	8	462	8	26	1	32	8	95
April ..	48	159	18	5	178	3	8	1	34	9	75
May.. ..	55	150	23	10	472	10	35	2	12	5	120
June.. ..	53	130	18	6	235	14	39	2	17	8	116
July	58	154	23	2	195	8	29	1	11	6	66
August ..	19	97	22	—	—	—	—	—	—	—	29
September ..	52	171	20	8	288	11	33	3	15	7	106
October ..	46	133	15	3	329	14	40	1	19	7	116
November ..	34	118	15	11	292	18	53	1	21	6	107
December ..	52	138	23	—	172	9	26	—	17	—	36
TOTALS ..	552	1,634	239	93	3,333	108	329	13	232	67	1,049

CONSULTANT PSYCHIATRIST'S REPORT ON WORK AT THE CHILD GUIDANCE CLINIC, 1965.

A 36% increase on last year's figures in the new referrals to the clinic calls for some comment. It would of course be quite fallacious to regard this as evidence of an increase in the maladjustment of the school population of the Borough. It simply means that more use is being made of the services of this clinic. The clinic staff might well regard this as a vote of confidence in the quality of their work and be appropriately gratified. It is in any case gratifying to see that family doctors are making increased use of the clinic. General practitioners are, by discipline, more inclined to use the hospital services for consultative advice. There are many who would have all child psychiatric services provided by the hospitals. This would seem to me to be a rather shortsighted policy. Child Guidance has its roots both culturally and historically in the educational system, and this is where it would seem to still belong. The cold rectitude of hospital medicine with its clinical detachment does not always provide the right environment in which to solve the emotional and educational problems of the school child.

A high proportion of the children that we have seen in the current year have come to us because of problems like truancy, delinquency and other behaviour disorders which manifest themselves almost exclusively in the school setting. Teachers have as much to contribute to the definition and understanding of these disorders as have doctors however well trained in psychological medicine. For my own part I have found it a stimulating, if sometimes challenging, experience to work in close touch with the teaching profession. To be exposed to the check of their critical appraisal can at times be a salutary experience, sometimes an irritating one, but almost invariably fruitful.

As in previous years, I would like to take this opportunity of paying tribute to the high level of tolerance and co-operation which I have had from the teachers of the Borough of Wallasey. If we have at times had differences, for my part at least, I can say with all sincerity that I have benefited from these exchanges.

EDUCATIONAL PSYCHOLOGIST'S REPORT ON THE WORK OF THE SCHOOLS PSYCHOLOGICAL SERVICE, 1965.

This has been a busy year, showing an all-round increase of activity. The number of new cases represents a considerable increase over 1964 and is 12% higher than the 1963 figure which had been the highest recorded. These children have come from the usual variety of sources, but the rise in the number referred by family doctors is threefold as compared with any previous year. This alone could account for most of the total rise in new referrals. The number of these new cases receiving or awaiting treatment is also up on previous years.

The range of disorders encountered is as wide as ever, although of course the numbers under the various diagnostic headings show only a broad correspondence from year to year.

An analysis of the work of the clinic is made below :—

Cases Referred

Current cases, January 1st, 1965	...	...	...	...	35
To be reviewed	...	...	...	...	2
New Cases, 1965	...	...	...	...	98
					<hr/> 135 <hr/>

The new cases were referred from the following sources, through either the Director of Education or the Principal School Medical Officer :

Head Teachers ...	...	...	...	...	...	...	34
Deputy and Assistant S.M.O.	...	...	...	...	...	...	9
Parent ...	...	...	...	...	...	...	19
Educational Clinic	...	...	...	...	...	...	1
Speech Therapist	...	...	...	...	...	...	4
Family Doctor ...	...	...	...	...	...	...	20
Children's Officer	...	...	...	...	...	...	6
School Welfare Officer	...	...	...	...	...	...	2
Hospital Consultant	...	...	...	...	...	...	1
Probation Officer	...	...	...	...	...	...	1
N.S.P.C.C. ...	...	...	...	...	...	...	1
							—
							98

The disposal of cases dealt with during the year falls under the following headings :

Cases closed	...	...	...	...	...	80
Improved	...	...	...	...	...	42
Report only	...	...	...	...	...	) 16
Advice only	...	...	...	...	...
Residential School	...	...	...	...	...	5
Juvenile Liaison Officer		...	...	...	...	1
P.S.W. supervision completed	...	...	...	...	...	8
Hospital treatment	...	...	...	...	...	2
Failed to co-operate	...	...	...	...	...	4
Failed to respond to treatment			...	...	...	1
Left district	...	...	...	...	...	1
To be reviewed	...	...	...	...	...	2
Current Cases	...	...	...	...	...	53
						<hr/> 135

The diagnoses of cases referred during 1965 are classified below :

Delinquent tendencies	...	...	...	...	...	...	17
Emotional immaturity	...	...	...	...	...	...	2
Emotional instability	...	...	...	...	...	...	3
Habit disorders	...	...	...	...	...	...	13
Behaviour disorders	...	...	...	...	...	...	26
Truancy and non-attendance	...	...	...	...	...	...	9
Withdrawal symptoms	...	...	...	...	...	...	3
Phobic and anxiety states	...	...	...	...	...	...	2
Psychosomatic conditions	...	...	...	...	...	...	2
Lethargy and underfunctioning	...	...	...	...	...	...	8
Asthma	...	...	...	...	...	...	1
Speech disorders	...	...	...	...	...	...	4
Development anomaly	...	...	...	...	...	...	1
Wandering	...	...	...	...	...	...	3
Psychotic behaviour	...	...	...	...	...	...	2
Report requested	...	...	...	...	...	...	2
							<hr/> 98 <hr/>

The work of the psychiatrist, psychologist and social worker is set out in the following tables :

Psychiatrist:

Diagnostic interviews	...	...	...	...	...	...	98
Treatment interviews	...	...	...	...	...	...	155
							<hr/> 253 <hr/>

Psychologist:

Test interviews	...	...	...	...	...	...	96
Parent interviews	...	...	...	...	...	...	63
Remedial treatment interviews	...	...	...	...	...	...	13
School visits and reports	101
							<hr/> 273 <hr/>

Remedial Teacher:

Attendances by Child Guidance cases	237
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Social Worker:

	<i>School Welfare</i>				<i>Clinic</i>
	<i>Cases</i>				<i>Cases</i>
Home visits	98	759
Clinic interviews	14	423
School Enquiries	45	164
Consultation with other agencies	45	490
				<hr/> 202 <hr/>	<hr/> 1836 <hr/>

The work of the psychologist on mental testing and reports has continued as usual. This involves in addition to the assessment of Child Guidance cases the ascertainment of handicapped children and others presenting educational difficulty, and advice to the Classification

Board. The decrease in remedial interviews is apparent rather than real; it is simply that the proportion of time given to non-psychiatric cases has been higher than usual. This is almost a random variable from one year to the next. Many Child Guidance cases are suitable for group remedial teaching, and the figure for these has been shown separately.

Remedial work with scholastically retarded children is mainly successful, but there always remains a hard core with intractable difficulties. In these cases we seek refuge under such headings as dyslexia, asynchronous maturation, minimal cerebral dysfunction or neurological impairment. These small personal anomalies are probably more widespread than is realized because most of them have unimportant consequences. People who cannot learn to dance, sing a song or distinguish colours accurately can pass muster in everyday life. Those who cannot learn to read or write well, however, are much more conspicuous, although the actual extent of disability may not be greater. With this unfortunate minority, research has not yet yielded any sure remedial technique, and in the end their weakness may have to be accepted as a part of the human condition. One avoidable consequence is that of a lifelong feeling of failure and general inferiority.

The activities of the social worker have been as varied and ubiquitous as in any previous year. She has maintained contact with and given support to families of all cases and has kept up day by day liaison with schools and other agencies.

SPEECH THERAPY, 1965.

Mrs. M. B. Avison, Speech Therapist, submits the following observations:

It is pleasing to note that parents and children have shown an increased sense of responsibility towards their appointments and cancellations have been made by phone and letter.

Many adolescent stammerers were referred this year some of seventeen years of age. In certain of these cases, a continuation of treatment during the transitory period from leaving school to either employment or further education would be most helpful, but unfortunately, these facilities are not available locally. An evening Clinic for such services would suffice. This problem has been accentuated by the number of enquiries from adults requiring, if not treatment, at least advice.

I would like to express my thanks to my colleagues in the School Health Service for all their help and co-operation.

Total number of attendances	...	...	...	...	2,510
Number of patients receiving regular treatment during the year	...	...	...	...	148
Number of patients receiving treatment at intervals during the year	...	...	...	...	154
Number of patients admitted	...	...	...	...	134
Number of patients discharged	...	...	...	...	128

Classification of Patients Admitted:

Dyslalia (Defect of Articulation)	71
Stammer	54
Interdental Sigmatism (Defective articulation of "s" and "z")	5
Lateral Sigmatism (Defective articulation of "s" and "z")	1
Alalia	3
Total	134

Classification of Patients Discharged:

Cured,	79
Unco-operative	19
Left School	12
Left District	12
Total	128

Classification of the Waiting List:

Not yet interviewed	36
Interviewed and placed on Supervision	34
Interviewed and awaiting regular appointment	42
	112

**MEDICAL EXAMINATION OF TEACHERS OR INTENDING
TEACHERS.—Min. of Education Circ. 249 of 1952**

Total Number Examined, 1965.

Teachers					Intending Teachers				
Male	...	...	...	11	Male	...	...	...	26
Female	...	...	...	3	Female	...	...	...	71
			Total	...				Total	...
				14					97

School Meals Service

During the year 39 new staff were medically examined and X-rayed on entering the Service and 16 members of the staff were re-examined.

Minor Ailments Clinic

Minor Ailments Clinics are held at each of the school clinics as follows:—

- Merton Road Clinic—Monday, Wednesday and Thursday mornings.
- Water Street Clinic—Monday, Wednesday and Friday mornings.
- Moreton Clinic—Monday to Friday mornings.
- Hudson Road Clinic—Monday to Friday mornings up to 10-30 a.m.

A doctor is in attendance at Merton Road Clinic each Wednesday morning, at Water Street Clinic each Monday morning and at Moreton Clinic each Tuesday morning. A variety of minor ailments, such as infected ears, infected eyes, impetigo, cuts, burns and warts are treated at these clinics, whilst at the doctors' sessions, medical and psychological problems, as distinct from minor ailment, can be investigated and the appropriate advice or treatment given.

EXAMINATIONS OF CHILDREN FOR EMPLOYMENT, ENTERTAINMENT, HOLIDAYS ABROAD, ETC.

Employment	...	...	...	...	...	...	191
Entertainment	...	...	...	...	...	...	3
Holidays Abroad, etc.	...	...	...	...	...	...	—
							<hr/> 194 <hr/>

B.C.G. VACCINATION

No. of children offered (per parents) B.C.G. vaccination	...	...	...	...	1,363
No. of children accepting (per parents) B.C.G. vaccination	...	...	...	...	1,069
Percentage of Parents accepting vaccination	...	...	...	...	78.43%
No. of children Mantoux tested	...	...	...	...	1,057
No. of children found Mantoux positive	...	...	...	...	31
Percentage of children Mantoux positive	...	...	...	...	2.92%
No. of children found Mantoux negative	...	...	...	...	1,026
No. of children vaccinated with B.C.G. Vaccine	...	...	...	...	1,011

SUMMARY OF THE WORK CARRIED OUT BY THE SCHOOL HEALTH VISITORS DURING THE YEAR 1965.

Health Surveys and Infestation with Vermin

Health Surveys	...	...	...	...	...	109
No. of Clinic Sessions re Cleansing	...	...	...	...	...	26
No. of Examinations	...	...	...	...	...	22,055
No. of individual children found unclean	...	...	...	...	...	347

Home Visits

Cleanliness	...	...	...	...	...	188
Medical Treatment	...	...	...	...	...	281
Hospital References	...	...	...	...	...	19
Miscellaneous	...	...	...	...	...	162
Ineffective visits, i.e. No Access	...	...	...	...	...	206

Other

Visits to Nursery School	...	...	...	...	...	14
Visits to Special Schools	...	...	...	...	...	24
Sessions for Medical Inspections	...	...	...	...	...	316
Sessions at Minor Ailment Clinics	...	...	...	...	...	739
Sessions at Ophthalmic Clinics	...	...	...	...	...	107
Sessions at Vision Testing of 8 year old pupils	...	...	...	...	...	48
Sessions on Weighing and Measuring	...	...	...	...	...

(Medical Inspections) 69

ELLERAY PARK OPEN-AIR SCHOOL

During the year 14 children were admitted; the classification of their defects or diseases being as follows:—

Congenital Heart Disease	...	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	...	1
Bronchial Asthma	...	...	...	...	...	...	1
Delicate	...	...	...	...	...	...	2
Cerebral Palsy	...	...	...	...	...	...	2
Spina-Bifida	...	...	...	...	...	...	1
Speech Defect	...	...	...	...	...	...	1
Partial Hearing	...	...	...	...	...	...	1
Bone overgrowth	...	...	...	...	...	...	1
Glandular Growth	...	...	...	...	...	...	1
Perthes Disease	...	...	...	...	...	...	1
							14

During 1965, two children were transferred to ordinary schools, one to a private school, one to a school for the blind, one to a residential special school, three left the district, ten left on attaining 16 years of age, and three died.

PHYSICAL EDUCATION AND SCHOOL MEALS SERVICE.

Observations of Mr. C. D. Clare, Organiser of Physical Education:

It becomes increasingly difficult to select material appropriate for inclusion in this Report. Whilst the whole of Physical Education is broadly relevant in aiming to maintain and improve children's health and physique, corrective and remedial gymnastics are now included only incidentally and no longer form a specific part of the general programme.

Modern work, based on movement training and body management is applied in a widening variety of activities, and stress is being increasingly placed on enjoyment and recreation. Whilst the value of the traditional team games is recognised they cater for only a minority of older pupils, and efforts are being made in Secondary Schools to introduce pupils to a variety of more individual games and activities. Development here is limited by the necessity for instruction in small groups, and if a reasonably wide choice is to be available for all pupils the employment of visiting specialists must seriously be considered.

Standards of work in Primary Schools vary considerably both from school to school and within individual schools, no specialist staff are employed, it being normal practice for each teacher to take his or her own class for Physical Education. Colleges of Education differ in content, teaching method and standards required and fewer newly-appointed teachers appear to be adequately qualified in the subject. Since ideas and work in Physical Education have undergone basic and widespread changes in the last decade further "in-service" training is essential for both newly-qualified and experienced teachers alike. During the year a course was held, attended by 142 Head and assistant

teachers. Whilst such courses are valuable, their full effect can only be achieved by following up the work with individual teachers in their own schools which cannot adequately be done with present resources.

In an effort to provide facilities for the teaching of swimming, funds raised locally and by schools in Moreton and supplemented by a grant from the Education Committee were utilised to obtain a portable outdoor pool, which was installed at Lingham Junior School. It has, so far, however, proved disappointing in that a safe level of chlorination could not be maintained using the means available. It is hoped that further experiment will be made in the Summer of 1966.

Mention should be made of the trend, approved in official publications, towards the provision of recreational facilities for use not only by schools but by the community in general, and the possibility of pooling local resources to this end. In many areas sports hall and swimming pools have been constructed as part of the Educational Building Programme, assisted in some cases by funds made available from other local government sources. There is much in favour of such co-operation, which can result not only in the provision of facilities which might not otherwise be possible but also in ensuring their fullest possible use.

Observations of Mrs. A. L. Beddow, Organiser, School Meals Service:—

The School Meals Service has continued to expand during the year and at the present time there are 31 kitchens, producing an average of 9,300 meals daily; of these, approximately 995 are provided free of charge to necessitous children. During the school holidays 33,054 meals were served at 8 centres in the Borough. The percentage of children who are eligible for a free meal and those who actually take advantage of this service during the holidays is comparatively small and it has been noted also that when the schools are closed for an occasional day's holiday, the response for the school meal is very poor.

It is becoming increasingly difficult to obtain suitable cooks and assistants to work in the Service for the reason that those interested in part-time work are now taking posts in local light industries.

It is essential, of course, that the School Meals Service should provide meals of high nutritional quality, variety and economy. The menus are carefully planned by the cooks and approved by the School Meals Service Organiser to ensure variety and adequate nutrition consistent with reasonable economy — new recipes, including egg and cheese dishes, and more decorative sweets, are constantly being introduced. In April, the kitchen at Our Lady of Lourdes R.C. Primary School was opened so that 75 children can now take advantage of the meal and sit at gaily coloured formica-topped tables, in their family groups. Family Service was introduced at the beginning and is now operating with success.

Improvements in equipment are continuing to be made at kitchens with replacements of boiling pans and sink units in stainless steel of modern design planned specifically for School Meals use. In addition, where space permits, additional heavy equipment in the form of fish fryers, electric food mixers and meat slicing machines are being purchased; these are of great assistance to the kitchen staff.

Report of the Principal School Dental Officer:—

This year the Annual Statistical returns are shown in the new format to which I referred in last year's report. The treatment figures are now divided up into three separate age groups. The number of schools inspected has reached an all record figure of 30, compared with 24 last year, which was in itself a record.

This coverage of schools involved more of the younger age groups and probably this has resulted in the slight decrease in treatment figures. Obviously the younger the child, the more time is required to establish a favourable patient/operator relationship; the increase in deciduous fillings over last year should be noted.

The success of continuing last year's policy can be seen in the dramatic drop in the number of extractions and has improved the permanent filling/extraction ratio from 3:1 to 5:1.

This authority was one of those selected by the Department of Education and Science to carry out a detailed dental survey of a 10% sample of the borough's fifteen year old school children. Although the preparation and actual survey was time consuming the experience was rewarding. Girls of this age are far more concerned with their dental appearance than boys, and their civilising effect upon the male was seen, even at this early age, by a minority of boys beginning to improve their oral hygiene following the adverse comments of their girl friends.

Much public money is being wasted by the failure of some of these teenagers to follow up expensive courses of treatment by making "check-up" appointment. Restorative dentistry once begun must be subject to the watchful eye of the dental surgeon at regular intervals for the remainder of the patient's life. This all entails constant repair work for an increasingly larger number of patients, with an ever increasing financial cost. Measured against this the cost of a preventive measure such as fluoridation should be viewed, not as an extravagance, but as a means to control an epidemic of caries with its attendant cost.

Co-operation was obtained with the help of the Director of Education to reaffirm the Council's decision some years ago to ban the sale of cariogenic foodstuffs. Much advice was requested from schools who still have tuckshops, and we were only too glad to supply them with suggested lists of permissible foods.

Two of our dental officers were sent on refresher courses and their introduction to the latest practical applications of modern dental research has been to their benefit directly, and indirectly to their patients.

For the second year the Welcome to Citizenship Exhibition gave the department the opportunity of showing our work both to the new young citizens, and later, by continuing our exhibition to the schools, to our future ones.

This has been a useful year and I am indebted to those Head-teachers who provided us with accommodation for our work, and those members of both the Health and Education departments who so readily gave assistance when required.

MEDICAL INSPECTION, 1965

MAINTAINED PRIMARY AND SECONDARY SCHOOLS

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Number of pupils on register 16,349

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1961 and later	37	37	100.00	—	—
1960	631	631	100.00	—	—
1959	1,011	1,011	100.00	—	—
1958	95	95	100.00	—	—
1957	45	45	100.00	—	—
1956	23	23	100.00	—	—
1955	19	19	100.00	—	—
1954	416	416	100.00	—	—
1953	849	849	100.00	—	—
1952	416	416	100.00	—	—
1951	400	400	100.00	—	—
1950 and earlier	858	858	100.00	—	—
TOTAL	4,800	4,800	100.00	NIL	—

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS**
(excluding Dental Diseases and Infestation with Vermin)

Age groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1961 and later	1	13	9
1960	24	239	191
1959	44	452	337
1958	5	50	35
1957	2	21	14
1956	3	30	15
1955	2	12	9
1954	65	172	171
1953	172	277	294
1952	67	131	148
1951	56	84	115
1950 and earlier	223	281	336
TOTAL	664	1,762	1,674

TABLE C. — OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	1,311
Number of Re-inspections	...	...	...	...	...	264
Total						1,575

TABLE D. — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	22,055
(b) Total number of individual pupils found to be infested	...	...	...	...	...	347
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	—

PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PART II TABLE A. — PERIODIC INSPECTIONS

Defect or Disease (2)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
Skin	42	16	110	10	77	7	229	33
Eyes—(a) Vision	76	80	279	8	309	44	664	132
(b) Squint	57	11	11	1	29	5	97	17
(c) Other	10	7	10	2	12	4	32	11
Ears—(a) Hearing	68	37	11	2	23	10	102	49
(b) Otitis Media	15	32	3	—	12	6	30	38
(c) Other	24	11	14	1	22	4	60	16
Nose and Throat	118	127	31	46	58	63	207	236
Speech	40	18	3	4	13	4	56	26
Lymphatic Glands	8	41	1	6	—	8	9	55
Heart	6	7	8	21	9	13	23	41
Lungs	42	33	16	3	27	11	85	47
Developmental—								
(a) Hernia	11	5	1	1	4	3	16	9
(b) Other	38	51	22	23	40	44	100	118
Orthopaedic—								
(a) Posture	4	9	7	16	18	12	29	37
(b) Feet	113	52	40	23	138	29	291	104
(c) Other	60	36	41	19	56	21	157	76
Nervous System—								
(a) Epilepsy	5	3	1	—	5	—	11	3
(b) Other	5	2	14	3	6	4	25	9
Psychological—								
(a) Development	20	6	3	2	20	4	43	12
(b) Stability	82	46	9	14	41	18	132	78
Abdomen	5	6	2	—	8	6	15	12
Other	3	2	7	6	3	3	13	11

PART II TABLE B. — SPECIAL INSPECTIONS

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
(2)	(3)	(4)
Skin	66 (277)★	9
Eyes—(a) Vision	28	—
(b) Squint	5	1
(c) Other	37	—
Ears—(a) Hearing	66	14
(b) Otitis Media	3	—
(c) Other	69	—
Nose and Throat	33	1
Speech	9	—
Lymphatic Glands	1	—
Heart	—	—
Lungs	11	3
Developmental—		
(a) Hernia	1	—
(b) Other	7	1
Orthopaedic—		
(a) Posture	1	—
(b) Feet	75	1
(c) Other	41	1
Nervous System—		
(a) Epilepsy	—	—
(b) Other	11	2
Psychological—		
(a) Development	6	1
(b) Stability	10	1
Abdomen	6	1
Other	246	1

★ No. of pupils found to require treatment for Warts or Verrucae and the majority of these cases were treated with carbon dioxide snow.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**PART III TABLE A.—EYE DISEASES AND DEFECTIVE VISION
AND SQUINT.**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and, squint	308
Errors of refraction (including squint)	1,776
Total ...	2,084
Number of pupils for whom spectacles were prescribed	783

TABLE B. — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	317
(c) for other nose and throat conditions	20
Received other forms of treatment	141
Total ...	<hr/> 487 <hr/>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	—
(b) in previous years	16

TABLE C. — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	623
(b) Pupils treated at school for postural defects ...	5
Total ...	<hr/> 628 <hr/>

TABLE D. — DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	1
(b) Body	—
Scabies	9
Impetigo	57
Other skin diseases	157
Total ...	<hr/> 224 <hr/>

TABLE E. — CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	127

TABLE F. — SPEECH THERAPY

	Number of cases known to have been treated,
Received regular treatment	148
Received treatment at irregular intervals	154
Total pupils treated by Speech Therapist	<hr/> 302 <hr/>

TABLE G. — OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,760
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	1,011
(d) Pupils who received Hospital In-patient treatment—	
Medical	234
Surgical	143
Orthopaedic	59
Total (a)—(d)	<hr/> 3,208 <hr/>

PART IV. — DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visits	1079	1067	368	2514
Subsequent visits	779	1574	318	2671
Total visits	1858	2641	686	5185
Additional courses of treatment commenced	94	140	37	271
Fillings in permanent teeth	732	2121	562	3415
Fillings in deciduous teeth	267	33	—	300
Permanent teeth filled	588	1733	464	2785
Deciduous teeth filled	236	31	—	267
Permanent teeth extracted	100	467	87	654
Deciduous teeth extracted	1230	426	—	1656
General anaesthetics	785	502	56	1343
Emergencies	531	294	51	876
Number of Pupils x-rayed .. ..	..	..	..	177
Prophylaxis .. ..	..	..	..	344
Teeth otherwise conserved .. ..	..	..	..	125
Number of teeth root filled .. ..	..	..	..	0
Inlays .. ..	..	..	..	2
Crowns .. ..	..	..	..	3
Courses of treatment completed .. ..	..	..	..	1765

ORTHODONTICS

Cases remaining from previous year	...	...	...	2
New cases commenced during year	...	...	...	24
Cases completed during year	...	...	...	15
Cases discontinued during year	...	...	...	5
No. of removable appliances fitted	...	...	...	25
No. of fixed appliances fitted	...	...	...	3
Pupils referred to Hospital Consultant	...	...	...	25

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	10	3	14
Number of dentures supplied ..	1	13	4	18

ANAESTHETICS

General Anaesthetics administered by Dental Officers	732
--	-----	-----	-----

INSPECTIONS

(a) First inspection at school—Number of Pupils	...	...	8027
(b) First inspection at clinic—Number of Pupils	...	...	1313
Number of (a) + (b) found to require treatment	...	...	4374
Number of (a) + (b) offered treatment	...	...	4348
(c) Pupils re-inspected at school clinic	...	...	55
Number of (c) found to require treatment	...	...	34

SESSIONS

Sessions devoted to treatment	...	...	...	1513
Sessions devoted to inspection	...	...	...	99
Sessions devoted to Dental Health Education	...	...	...	7
Plus 17 Dental survey inspections on behalf of the Department of Education and Science.				

MINOR AILMENTS AND OTHER CLINICS

Monday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments and S.M.O.'s Clinic
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
	(p.m.)	Child Welfare Centre, Water Street, Wallasey	Immunisation (3rd Monday each month)
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. E. Edwards) (by appointment only)
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments and S.M.O.'s Clinic
		Child Welfare Centre, Water Street, Wallasey	—
	(p.m.)	—	—
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	S.M.O.'s Clinic Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Immunisation (1st Wednesday each month)

Thursday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Ophthalmic Clinic (Mr. Edwards once per month by appointment only)
		Child Welfare Centre, Water, Street, Wallasey	—
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
	(p.m.)	—	—
Friday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. Edwards fortnightly by appointment only)
		Child Welfare Centre, Oakenholt Rd., Moreton	Ophthalmic Clinic (Mr. Edwards once per month by appointment only)
			Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments
		Health Clinic, Hudson Road, Leasowe ...	Ophthalmic Clinic (Mr. Edwards once per month by appointment only)
			Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey ...	S.M.O.'s Clinic (Fortnightly)
		Health Clinic, Hudson Road, Leasowe ...	Immunisation 3rd Friday each month)
		Child Welfare Centre, Oakenholt Rd., Moreton	Immunisation (2nd & 4th Friday each month)

SPEECH THERAPY CLINICS

Monday	(a.m.)	New Brighton J. M. School, Wallasey.
	(p.m.)	School or Home Visiting.
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Wednesday	(a.m.)	Child Welfare Centre, Water Street Wallasey.
	(p.m.)	Claremount Special School.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Friday	(a.m.)	Health Clinic, Hudson Road, Leasowe.
	(p.m.)	Welfare Centre, Oakenholt Road, Moreton.

PHYSIOTHERAPY CLINICS

Monday	(a.m.)	School Clinic, Merton Road, Wallasey (U.V.L. and R.E. and Individual Treatments)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Remedial Exercises)
Tuesday	(a.m.)	Elleray Park Special School, Wallasey. (Remedial Exercises)
	(p.m.)	Welfare Centre, Oakenholt Road, Moreton. (Remedial Exercises)
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey. (Remedial Exercises)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Remedial Exercises)
Thursday	(a.m.)	Welfare Centre, Oakenholt Road, Moreton. (U.V.L.)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Orthopaedic Specialist's Clinic). Welfare Centre, Oakenholt Road, Moreton. (Orthopaedic Specialist's Clinic once per month) Health Clinic, Hudson Road, Leasowe. (Orthopaedic Specialist's Clinic once every two months).
Friday	(a.m.)	School Clinic, Merton Road, Wallasey. (U.V.L. and Remedial Exercises).
	(p.m.)	Child Welfare Centre, Water Street, Wallasey. (Remedial Exercises) School Clinic, Merton Road, Wallasey. (Remedial Exercises)

SCHOOL DENTAL CLINICS

Monday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe. School Clinic, Merton Road, Wallasey.
	(p.m.)	As Monday a.m.
Tuesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton.
	(p.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
Wednesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
	(p.m.)	As Wednesday a.m.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
	(p.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
Friday	(a.m.)	As Thursday p.m.
	(p.m.)	As Thursday p.m.

CHILD GUIDANCE CLINIC

(Psychiatric Department)

120, Church Street, Wallasey, Dr. G. Egan; M.D., CH.B., D.P.M.;

Tuesday afternoons and Thursday mornings.

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Mal-adjusted	E.S.N.	Epileptic	Speech Defects	Total
(1) Newly assessed as needing special Educational Treatment at Special Schools or Boarding Homes ..	1	—	—	1	10	3	3	21	1	—	40
(2) Newly placed in Special Schools or Boarding Homes ..	1	—	—	1	10	3	2	18	1	—	36
(3) As at 31st January, 1966 Pupils on Registers of Mainained Special Schools:— (a) Day Pupils .. (b) Boarding Pupils ..	— —	1 —	2 1	7 —	46 —	31 —	1 —	113 4	3 —	— —	204 5
(4) Pupils on Registers of Non-Main- tained Special Schools:— (a) Day Pupils .. (b) Boarding Pupils ..	— 3	— 4	— 1	— —	— 3	— —	— 2	— 2	— 1	— —	— 16
(5) On the Registers of Independent Schools under arrangements made by the Authority ..	—	—	—	—	1	—	3	1	—	—	5
Total (3-5) ..	3	5	4	7	50	31	6	120	4	—	230
(6) Pupils requiring places in Special Schools:— (a) Day .. (b) Boarding ..	— —	— —	— —	— —	— 1	— —	— —	2 —	— —	— 1	2 2
(7) Pupils being educated under the provisions of Sec. 56 of the Education Act, 1944:— (a) In Hospitals .. (b) At Home ..	— —	— —	— —	— —	— 10	— —	— —	— —	— 1	— —	— 11

CHILDREN FOUND UNSUITABLE FOR SCHOOL—YEAR ENDED 31st DECEMBER, 1965

Informal Ascertainment

Under Sec. 57(4) of the Education Act, 1944

Number of decisions cancelled under Sec. 57A(2) of the Education Act, 1944 ..

5
2
1

